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ABSTRACT

This report describes the response of the American Institute of Architects' Housing Committee to the homeless crisis in the United States. Based on information shared at two conferences held by the Committee in 1985, this publication examines the question of how to provide secure, dignified shelter for those with little financial resources. It includes a foreword, preface, and eight sections. Section 1, "Urban Nomads," surveys the dimensions of the homeless situation. Section 2, "Paths to Homelessness," discusses societal factors that have contributed to the problem. Section 3, "A Safe Haven," reviews available and desirable kinds of housing. Section 4, "Dignified Shelter," examines criteria for design and service aspects of shelters for the homeless. Section 5, "The Right to Shelter," explores community and government response to the needs of the homeless. Section 6, "Who's Responsible," calls on architects to involve themselves in the creation of shelter. Section 7, "Crucial Choices," contends that American society must commit itself to the care of its disabled and homeless. Section 8, "Case Studies," describes design and services of 33 shelters for the homeless in the following categories: (1) emergency shelters; (2) special needs-transitional shelters; and (3) long-term housing. Each case study includes project descriptions and such information as project size, costs, and information on architects and sponsors. A 25-item bibliography is appended. (AF)

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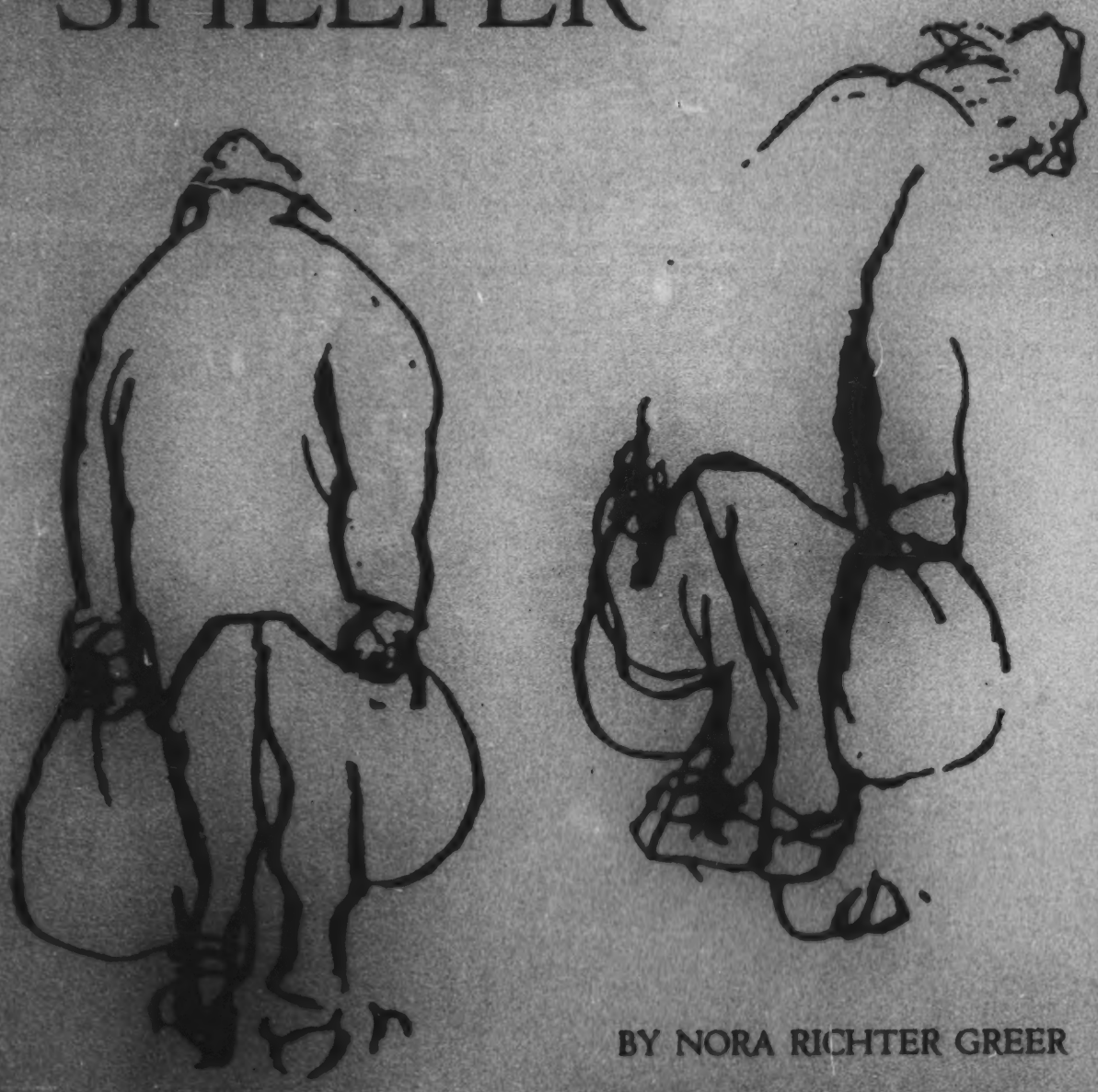
THE SEARCH FOR SHELTER



BY NORA RICHTER GREER

THE AMERICAN INSTITUTE OF ARCHITECTS

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THE AMERICAN INSTITUTE OF ARCHITECTS

CONTENTS

Foreword by Blake Chambliss, FAIA 4
Preface by Nora Richter Greer 6
Acknowledgements 9

Urban Nomads 11
Paths to Homelessness 17
A Safe Haven 25
Dignified Shelter 31
The Right to Shelter 37
Who's Responsible 43
Crucial Choices 49

Case Studies
Introduction 55
Emergency Shelters 56
Transitional/Special Needs Shelters . . 76
Long-Term Housing 104
Index 127

Notes 128
Bibliography 130

FOREWORD

The Housing Committee of the AIA had grown comfortable. Throughout the late '70s and early '80s, we were speaking out to the profession about the retreat of federal housing supports. We were seeking new, lower-cost housing alternatives. We were advocating more efficient land and infrastructure use. We were encouraging infill development and the renovation of existing housing stock. We were involved in seeking more effective use of all the physical elements that seemed important for meeting the 1949 federal commitment to "a decent home and a suitable living environment" for all Americans.

Then through the winter of 1983–'84, we began to see the people in our own communities that didn't fit neatly into any of our packaged programs. We began to question who these people were and why they were without homes—and why our well thought-out developmental strategies weren't also providing for them. In St. Paul, in October 1984, we began to talk to people involved in community planning and development and in creating the support systems necessary for the homeless. We were shocked to realize that the development team, including architects, had unwittingly contributed to the loss of housing once inhabited by people living on the fringes of our society. We found ourselves a part of a process of reasoned solutions for community revitalization that has been a contributing factor to the increase in homelessness (more than a million single-room-occupancy units—old hotels, boarding homes, and residences—have been victims of urban revitalization throughout the nation in the past decade).

As we began to tour shelters and talk with the homeless, we were surprised to look into the eyes of real people—people whose stories, whose life experiences were not that different from our own. As we met and toured the shelters made available to them, our images and preconceptions of the homeless began to dissolve. We began to discover they had basic human needs no different from our own. They displayed the same need for social supports, for the retention of identity, privacy, self-esteem, and personal values that we seek in our own housing situations.

However, their condition and the manifestations of their needs were different from ours. Untreated mental disorders, chronic unemployment, alcohol and drug abuse, family disruption, and more, all had taken their toll. And they were coping at a level that many of us found—and find—difficult to comprehend. We found more than we had been prepared for. The homeless, we discovered, includes not only vagrants sleeping in downtown doorways, but battered wives and abused children, impoverished elderly, disaffected Vietnam veterans, the deinstitutionalized mentally retarded and mentally ill, and a host of others who now find themselves outside a shrunken social service network.

For a problem of such indeterminate magnitude (the Administration, at one end of the spectrum, claims only 350,000 homeless nationwide; at the other end, advocates for the homeless claim upward of 3.5 million homeless), how could architects become significantly involved?

The AIA Housing Committee and an aggressively concerned Portland, Ore., AIA chapter elicited support from the American Institute of Architects and others in sponsoring two symposia—the first in Seattle in the spring of 1985 and the second in Washington, D.C., that fall. Through a resolution passed at our annual convention that year, we received the support for a continuing information clearinghouse on special shelter needs, for which this resource guide is our central focus.

This guide does not contain the best of what can be done, but it does contain some of the best of what is being done. The efforts to date have been important, but they fall far short of even the Administration's estimates of the needs of this disenfranchised segment of our society. We offer it to help raise the quality of their shelter because we care. As you read it, you may become indignant or angry about the situation, as I did. But there is also a clear message of hope—that if we can't do everything, we can do something—and enough somethings can make a difference.

This effort would not have been possible without the involvement and support of a great number of people, with the following being crucial to the success: John Philips, AIA, who as 1985 chairman of the AIA Housing Committee brought his own personal commitment in marshalling and maintaining full committee support for this effort; Lou Lundgren, FAIA, whose gentle and constant counsel helped legitimize our caring within a professional context; Andy Rudeson, who in his warm humanity helped us to reach out and touch the people who this effort is all about; Ravi Waldon, AIA, of the AIA staff, without whose everlasting patience and support this could not have come together; Nora Richter Greer, whose literary talents have been able to translate all of our experience into format and words that allow it to reach beyond—to make a difference.

Blake Chambliss, FAIA
Anderson, Mason & Dale
Denver, Colo.

PREFACE

Courtesy of "The Pilgrim"

Educating oneself about the homeless is a risky business. No longer will you be able to ignore a ragged woman hunched in a doorway or dismiss a young man with a tattered rapsack, a sign that reads "I'm hungry," and a paper cup set out for contributions. Maybe you can pass them by the first time, maybe even the second, but surely not the third, or the fourth, or the fifth.

Your new knowledge may strike a deeper chord – perhaps you'll remember how when you were little, moving to a new house in a new neighborhood was disorienting and difficult. Imagine how it might have felt moving to nowhere. Or perhaps there is someone in your family or among your friends who is a bright, likeable person, who suffers from a long-term mental illness and often is without a steady income. If it weren't for the family's resources, that person would be on the streets looking for a place to sleep, a warm meal to eat. Or perhaps someone you know just fell upon hard times.

Most likely you will first sigh in disbelief and then grow incredulous and angry as you allow yourself to see the dreadful way the homeless barely survive in this land of wealth and plenty. Those on the streets fight to keep warm, dry, fed, washed, and secure. Others seek refuge in shelters that are, at best, crowded but offer some congeniality. At worst, the shelters are squalid and frightening.

My education began on a rainy January day in 1985. I was at the emergency shelter for the homeless run by the Community for Creative Non-Violence, located in a dilapidated, former city college government office building about a half mile from the nation's Capitol. This shelter had received national press attention in 1984, including coverage on "60 Minutes," when its leading advocate, Mitch Snyder, almost died in a hunger strike protesting its closing.

That January, with a grant from the National Endowment for the Arts, five advanced architectural students from the City College in New York had set up shop inside the building to design a model shelter for CCNV, which on the eve of his re-election President Reagan had promised to build. I was to review the students' work with an eye toward writing a news article for *Architecture*.

Once inside the run-down building, a feeling of disgust engulfed me, a sensation that step-by-step grew into an incredulous anger. The smell of urine was overwhelming. Added to that were the dingy, institutional-green hallways; broken doors and windows; holes punched in the plaster walls; deposited carpets; the evidence of a leaky roof. The bathrooms were filthy, with half the facilities obviously not in working order.

At this point, the anger was still in my gut. I was somehow not connecting the physical wretchedness with real human beings – with the fact that, according to CCNV, as many as 600 men occupy that shelter on winter nights. That feeling changed, though, as we toured the men's living quarters – cots set up in the former schoolrooms. A few guests had single rooms, an almost unheard of luxury in shelters. Some cots were neatly made; clothes hung carefully beside them. A potted plastic plant was tucked in a corner, a book deliberately laid on a pillow, pictures taped to the wall. Somehow, in these rooms lined with cots and in spite of all the filth, a humanness filtered through, and I realized, for the first time that day, that some people actually called this place home. To me, it seemed more like a terrible nightmare.

A further understanding of the homeless came when I met the "guests" at an emergency shelter on a mild May night in Seattle in 1985. The shelter was in much better shape than CCNV's, and due to the mild weather was less than one-third full. There was a low-key atmosphere in the two larger rooms, where some men sat or lay on mats on the floor; others (both men and women) milled around tables in a smoke-filled, makeshift lounge. But despite this relaxed atmosphere, there was something unpleasant lurking beneath.

As we toured the shelter, my eyes kept roaming to the numbers on the floor where mats would be placed. So, if full, up to 230 people would be

sleeping in three rooms (with the men and women just inches apart, more like warehoused commodities than human beings).

It was in this Seattle shelter that I was first able to see the homeless as unthreatening individuals. We talked at length with some of the guests—a young Hispanic who recently had arrived in Seattle and was looking for work as a plumber, and who my escort (a person well acquainted with the homeless) suspected of being on drugs, and who, in an attempt to be clean, had washed his socks and tacked them to the wall to dry; a Vietnam vet who reminisced about his war experiences while sewing patches of leather together; an old "bum" who said he had just been through alcohol detox; a psychotic woman with a wig placed crookedly on her head who tried to convince us that she was going to Alaska the next day to see her daughter; a young black man who was rolling a cigarette so skillfully and who seemed so high that we wondered if he, too, had drug problems; and a man in his '30s who, in a state of delusion, thought we were reporters with the Associated Press and who said he was going to leave the shelter as soon as he could get his wallet back from the police.

Later that May evening, back in my comfortable hotel room, I could not easily dismiss these homeless people, who in many ways seemed simply like young children waiting to be taken care of. I couldn't so quickly forget that I would soon return to a warm, secure home and they could not—that they would have to fight against tremendous odds to pull themselves out of homelessness. It finally was clear to me that the people I met simply represented the many unfortunate men and women and their children who had fallen through the safety net, so to speak, that had no one or no place to turn to—hundreds, even thousands, of homeless individuals who had undoubtedly suffered a lot.

Once that acknowledgement occurs, then the rest of the questions concerning how to help the homeless—theoretical as well as practical—can be asked, and solutions can be developed.

The purpose of this publication is to provoke more questions and answers—to help broaden the dialogue on housing the homeless. That discourse was significantly advanced at two conferences organized by the American Institute of Architects' Housing Committee—one in Seattle in May 1985 and one in Washington, D.C., in October 1985. Cosponsors were the American Planning Association, The ARCO Foundation, the Coalition for the Homeless, the Community for Creative Non-Violence, the Community Service Society, the Council of State Housing Agencies, the Federal Task Force on Homelessness, the Housing Assistance Council, the National Association of Home Builders, the National Association of Housing and Redevelopment Officials, the Seattle Chapter/AIA, and SRO Housing Inc.

Information shared at these two meetings, in fact, provided the backbone for this book. There was widespread agreement that the epidemic of homelessness is growing far faster than the remedies, the most basic of which is secure, dignified shelter. What form that housing should take, who should provide financing, where it should be located are but a few of the urgent questions that often generate more controversy than action. However the consensus that surfaced at these AIA meetings was a strong determination to discover new solutions to an age-old dilemma: how to provide decent housing for those with little means.

Special thanks to Blake Chamblee, FAIA, John Phelps, AIA, Ron Wilhelm, AIA, for their support and creative license on this project; to Dr. Harvey Voth for helping me see the human face behind the homeless mask; to the McKinsey Thomas clan for its thoughtful guidance; to Carole Palmer for her invaluable advice and friendship; to my husband William for his unfailing support.

Nora Richter Greer
Senior Editor, *Architecture*
Washington, D.C.

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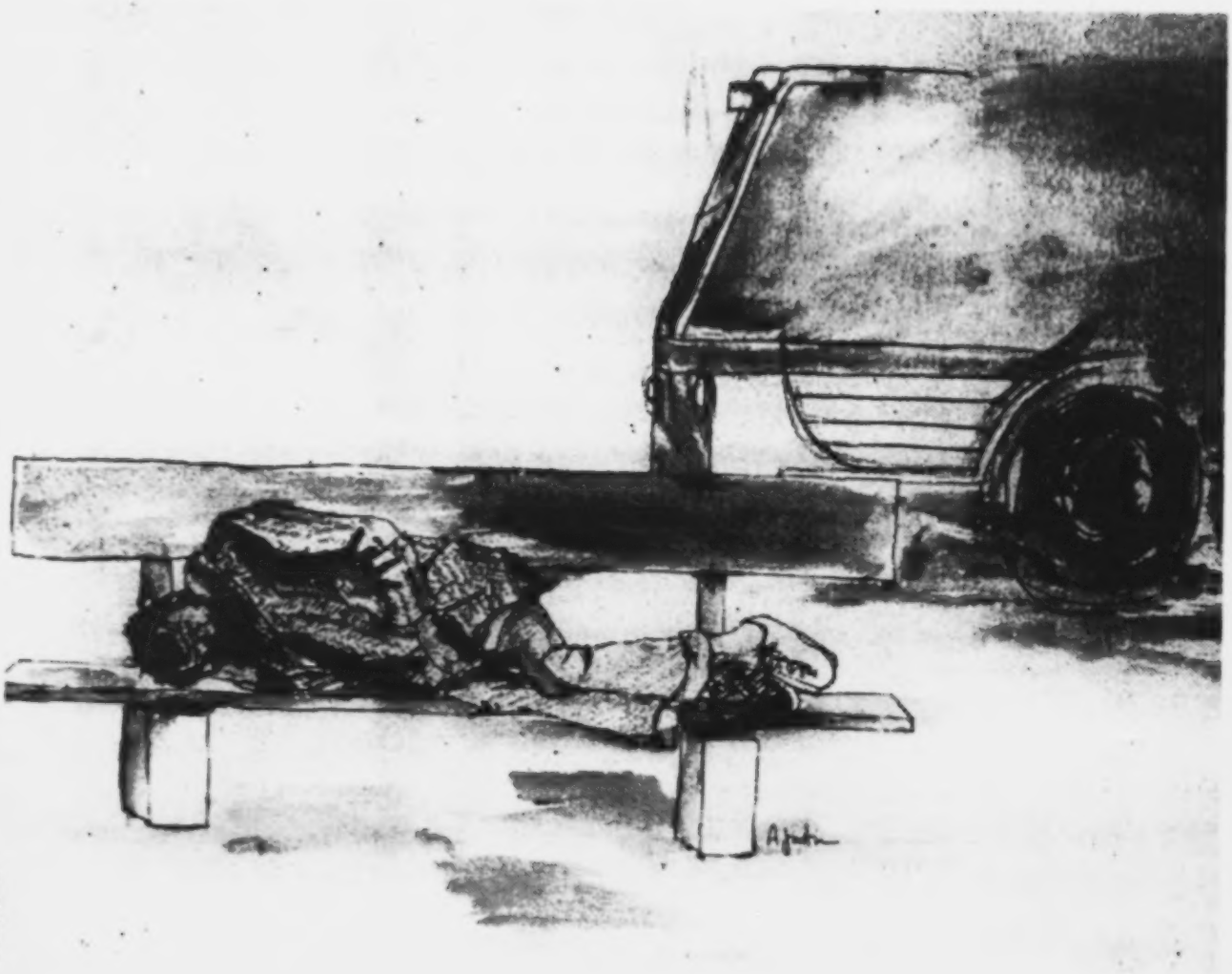
Sponsored by The American Institute of Architects Housing Committee:
Zane Yost, AIA, 1987 Chairman
Louis R. Lundgren, FAIA, 1986 Chairman
John Philips, AIA, 1985 Chairman
R. Blake Chamblee, FAIA, 1984 Chairman
Rae Waldron, AIA, Director AIA Housing Programs

Second Printing Note

During the past year, undoubtedly some of the facts and figures presented here have changed. What has not changed, however, is the gravity of the situation of the homeless or those on the brink of homelessness. If anything, their number is expected to increase, as the federal government in its deficit-cutting mood continues to dismantle the traditional federal housing programs. What continues to be needed are more efforts, like the ones documented on these pages, to provide emergency, transitional, and longer-term housing.

Nora Richter Greer
1987



Andrea Justin

URBAN NOMADS

. . . And homeless near a thousand
homes I stood,
And near a thousand tables pined
and wanted food.

William Wordsworth (1794)

You see them now in every American city — the homeless people, who sleep by night in doorways, under highway bridges, in tents, on steaming grates, in bus stations. By day they wander warily from park bench to soup kitchen to abandoned building to public library or museum, watching the long hours slip away into nothingness. On frigid winter nights, they jam into emergency shelters that more closely resemble concentration camps than warm havens. These hundreds of thousands, if not millions, of homeless represent a national epidemic — the most severe housing crisis since the Depression. It is a problem that most agree will only get dramatically worse, growing far faster than the remedies.

Wide disagreement exists over the number of homeless, with the most frequently cited national figures ranging from a low of 250,000 (estimated by the Department of Housing and Urban Development in 1984) to four million (a 1982 estimate by the Community for Creative Non-Violence, an advocacy group located in Washington, D.C.). In a report to the National Governors' Association, New York Gov. Mario Cuomo gave the following estimates for 1983: 20,000 to 25,000, Chicago; 12,000 to 15,000, Baltimore; 2,500, Denver; 8,000 to 10,000, San Francisco; 2,000, Boston; 7,700, St. Louis; 22,000, Houston.

One difficulty in accurately counting the homeless population is that the number changes constantly in response to such factors as national economic policy, unemployment rates, availability of social services, availability of low-rent housing, season of the year, weather, day of the month. In addition, definitions of homelessness vary, as do counting methodologies. However, as Congressman Bruce Vento (D.-Minn.) says, "We shouldn't be diverted by an argument about numbers. The obvious fact is that we have a growing number of homeless."

The real issue is not the precise number of homeless, but the gravity of their situation. The Department of Health and Human Services reports: "They [the homeless] live brutal, debilitating, stressful lives of great hardship."[1] In New York City alone, some 25 to 50 homeless people are thought to die on the streets during each of the winter months. The causes are violence; weather-related illnesses (pneumonia, frostbite, gangrene, stroke, heart failure); alcohol-induced illnesses, among others.

Public awareness of the plight of the homeless has heightened. Yet grave misconceptions still abound as to who the homeless are, why they are on the streets, and what is needed to remedy their situation. Some communities acknowledge the problem by shipping the homeless out of town.

Elsewhere, homelessness has become the latest fashion fad: In the spring of 1983, Bloomingdale's department store in New York City opened in its second floor boutique a new display called "Street Couture." The clothing was designed to mimic the dress of the homeless poor: disheveled, wrinkled, patched, and mismatched. A jacket with torn sleeves listed for $190. An employee insisted that the "street look" sells. "Bag ladies are in," she explained.[2]

This insensitivity continues on a daily basis in every city by those who more easily tell a joke about the homeless on the streets than acknowledge the homeless as human beings. D.C. homeless advocates Mary Ellen Hombs and Mitch Snyder offer the following as an example: "In all of the years that Red and Willie [two homeless men] have spent on the downtown [Washington, D.C.] heat grates, millions of people have walked or driven by them, but only a handful have stopped to talk, to see if they could be of any help. Some furtively scan the scene; others stare in amazement. For

most, expressions do not change. Red and Willie, their pain and their loneliness, are invisible. If not invisible, then surely untouchable."[3]

Dr. Michael Vergare, a psychiatrist with the Albert Einstein Medical Center in Philadelphia, suggests, "We struggle to comprehend how, in this day and age when so many people are so well off, we have people who cannot find shelter."

John Philips, AIA, 1985 chairman of AIA's housing committee says, "The epidemic of homelessness to some Americans, maybe to many, is so unthinkable that they refuse to recognize the visible homeless although the homeless are all around.... We must acknowledge that homelessness is a major social crisis today."

Often the homeless are identified by their tattered appearance; bizarre behavior; belongings carried in plastic bags or cardboard boxes tied with string or stuffed into shopping carts; swollen, ulcerated legs; apparent aimlessness. But, as Hombs and Snyder describe, "There are also those who have been able to maintain a reasonably good personal appearance and whose behavior betrays no apparent sign of disorder,"[4] which allows them to more easily find food, daytime shelter in libraries or museums, and public washroom facilities and to escape threats, violence, and harassment.

Generally, a homeless person is someone who has no stable residence, which is defined as a place to sleep and receive mail. This person is usually destitute and has either minimal or no resources or income. In addition, a homeless person is not likely receiving any government assistance.

Perhaps the first step in understanding the homeless is to dispel the myth that the homeless are on the streets by choice, having voluntarily rejected any available assistance. "It is an overstatement to say even a small minority of these people live on the streets by choice. There is no evidence that people live on the streets by choice," says Robert Hayes, founder and legal counsel of the National Coalition for the Homeless, headquartered in New York City. "It is essential to see the homeless as suffering individuals," Hayes adds, and to illustrate his point offers the following examples:

Alice is an elderly woman who has lived her entire life in quite a normal way. She raised children, then moved out of her home town to the Midwest. Her husband died. Then her rent went up dramatically. She first moved to a cheap hotel, an SRO (single-room-occupancy hotel). She lost that. Suddenly, at the age of 73, for the first time in her life, Alice could not find a place to live. She wound up in a train terminal. She became confused, and suddenly people were describing her as a "bag lady."

Joey is a six-year-old boy in New York City. He's been homeless for three years—half of his life. He's been shunted from welfare hotels to what we euphemistically call "barrack shelters" in New York—refugee camps where cots and cribs are lined up in large, open rooms with common sleeping areas. When I first met Joey, he was a little fellow. He was playful and had that glint in his eyes. And that glint was, to me, something that I thought would get him through. But he's six now. The glint's gone. Joey has struggled. Joey has suffered. But most of all, he's lost his playfulness, his right to that commodity that every child should have—his childhood.

Hayes maintains that "if people are offered safe, decent, humane shelters, they will go in off the streets."

A barometer of the problem's seriousness is the incidence of hunger, since hunger is considered the handmaiden of homelessness. In a survey of 181 food pantries and soup kitchens in 12 states, the National Governors' Association found a "dramatic increase" in the numbers seeking emergency food aid between February 1982 and February 1983. In that single year, demand in over half of the programs surveyed rose by 50 percent or more.[5]

In a survey of 25 major cities, the U.S. Conference of Mayors found that hunger and homelessness

rose sharply during 1985. Demand rose an average of 28 percent for emergency food and an average of 25 percent for shelter. In fact, the survey of cities ranging in size from New York to Charleston, S.C., found that "in none of the cities surveyed has the economic recovery lessened the problems of homelessness." There are also indications of a growing disparity between the have and have nots. For example, in Chicago "there has been no significant shift in the economic status of the city's poor and near poor." In Salt Lake City, "the national economic recovery has not alleviated the problems of low-income people. In fact, it appears that there are more people in need and that they are worse off, than previously."[6]

Hayes reports, "What we saw in most parts of the country was a 20 to 30 percent increase during 1985 in the number of people seeking help.... I don't know any place that had spare beds."

Hayes noted last year, "In understanding homelessness, we have to start out by realizing that here we are in 1985 in a period without precedence in the history of the United States. By that I mean, sure there have been a lot of homeless folks in this country over the past few hundred years, but always mass homelessness in this country has been accompanied by system-wide economic dislocations—serious depressions or recessions. But something peculiar is happening because maybe [homelessness was understandable] in the 1930s, maybe even in 1982 or 1983 when there were serious economic problems. But in 1985, it does not seem so simple to understand. It seems that something fairly severe has to be undertaken because the old systems of dealing with mass homelessness in this country aren't working in the 1980s."

What makes the '80s feel like the '30s is the make-up of the homeless population. Now, as in the Depression, the homeless represent a broad cross section of American society—the young and old, single people and families, the mentally and physically disabled, and the able-bodied. The most dramatic change in the last 10 years has been a sharp increase in the number of women, children, young men, and families.

The New York State Department of Social Services reports: "Increasingly, the problem of homelessness is affecting people and families who are in most respects like other poor people, except that they cannot find or afford housing. The homeless transient, the wandering loner who may be alcoholic or mentally disabled, is no longer typical of the great majority of people without shelter. More and more, those sleeping in emergency shelters include parents and children whose primary reason for homelessness is poverty or family disruption. They have arrived in shelters not from the streets but from some dwelling (typically not their own) where they are no longer welcome or where they can no longer afford to stay."[7]

The homeless population is now vastly different from the homogeneous skid row population of the post-World War II era, the majority of whom were older white men suffering from alcoholism and/or drug addiction. Since many cities and states had anti-vagrancy laws (until the 1970s), most skid rowers were actually not homeless, but sheltered—in jails, if not seedy hotels, flophouses, or missions. But, regardless, many were considered the derelicts of society, as often the homeless are today.

Now, though, according to the U.S. General Accounting Office (GAO), the average age of homeless persons is 34. Single women make up 13 percent of the homeless population, minorities 44 percent, and families 21 percent, the GAO reported in 1985. The U.S. Conference of Mayors reported in 1985 that the most significant recent change in the homeless population was the growing number of families with children; the number of young single adults also increased. It is especially poignant to see young children as miniature bag people dragging their toys in plastic bags.

A microcosm of the homeless population is found in Los Angeles County, where the number of

homeless is not only large—HUD estimated 33,800 as of July '84—but is thought to be increasing rapidly. The compositional changes in that population parallel shifts in the national homeless population. For example, single males who had became homeless 12 months prior to a survey of homeless shelters (conducted over a six month period ending in May '84) were younger and better educated, and more likely to be non-white, recently unemployed, and veterans than those homeless for more than 12 months. Increased numbers of families with children, single women, and youths were visible throughout the county.[8]

"A whole new wave of homeless people in the U.S. is made up of the young and able-bodied who have little chance of winning a place in a tight [employment] market and consequently no ability to win the competition for housing in a tighter and tighter housing market," Hayes suggests. Marita Dean, of the Washington, D.C., office of Catholic Charities, reported in 1984: "We're seeing people now that no agency ever saw before, people who never had to beg before. They're frightened, so you help them this month, but they're not going to be any better off next month."

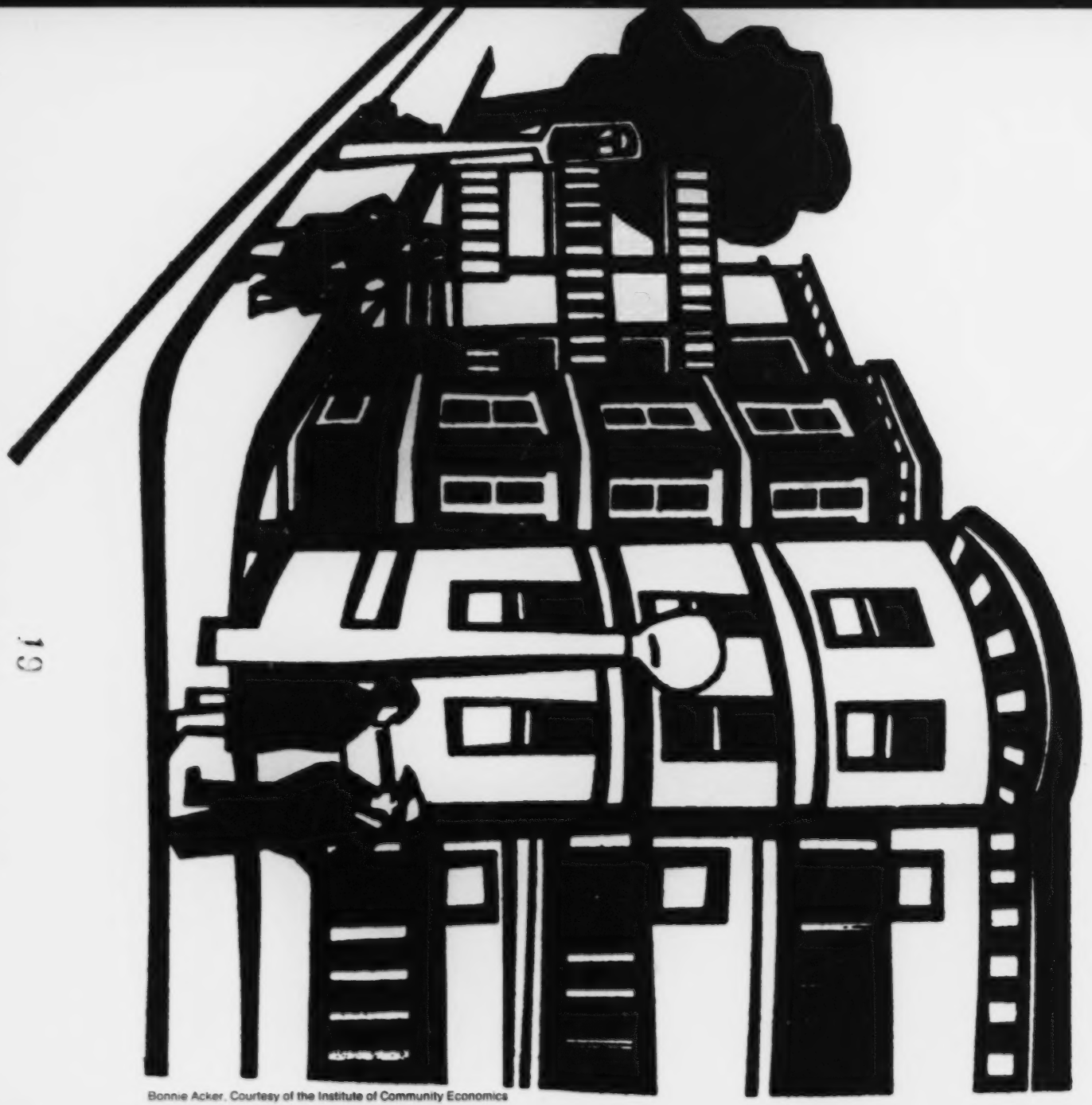
In addition to its demographic diversity, the homeless population varies significantly in duration of homelessness. Vergare and his associate, Dr. Anthony Arce, have suggested three groupings: the chronic, who are homeless for more than 30 continuous days—although many, if not most, have been homeless for months or years; the episodic, who tend to alternate for varying periods of time between being domiciled and homeless, with homelessness usually lasting less than 30 days; and the situational, for whom homelessness is the temporary result of an acute life crisis.

What looms ahead? One clue may be the number of people doubling up (living with one or two other persons or families). The National Coalition for the Homeless estimated at the end of 1985 that there were as many as 10 to 20 million doubling up, with as many as 500,000 in New York City alone. Seattle's Mayor Charles Royer noted in May 1985, "For every homeless person in Seattle, there are 10 others who are at risk and who need some kind of housing assistance."

A recent needs assessment in New York State found "disturbing information—the numbers of homeless people were far larger than imagined. But even more distressing was the consensus among service providers of the tremendous number of persons and families doubling up," says Nancy Travers, assistant commissioner, New York State Department of Social Services. She suggests that if New York State continued providing shelter to the homeless at the level it did in 1984, "it would take 20 years to meet the needs of the homeless. Clearly this is a housing problem of a scale that is hard to imagine."

Meanwhile, the numbers keep growing. In its Dec. 16, 1985, issue, *Newsweek* reported: "Across the frost belt last week, cities set records in sheltering the homeless: New York, Boston, Philadelphia have emergency policies requiring police and city employees to round up the homeless and take them to shelters after the temperature turns frigid. But the hundreds of shelter beds—in the case of New York City, 23,000—come nowhere close to meeting the need."

Courtesy of Via Placis



Bonnie Acker. Courtesy of the Institute of Community Economics

PATHS TO HOMELESSNESS

Virginia Danielson is 93. She has lived at The Dalt Hotel for 52 years. For the past 42, she has eaten dinner every night at Polo's, the Vanessi's of the Tenderloin district. The waiters all call her "Mama." Everyone who knows her remarked how strong and sharp and together she was at her age. Then, in February, The Dalt changed hands. "I saw it happen," said Sam Kasnakjian. "They put fear into Mama's heart."

Kasnakjian is an owner of Polo's. Every afternoon he would pick up Mrs. Danielson and walk her to the restaurant. Every night he'd walk her home. "She'd have a drink and have dinner and joke with the waiters. She was in great shape— until those people took over," he said, and added: "I saw what they were doing in that hotel. They took the furniture out of the lobby so no one could sit, and the elevator and the heat were turned off and the rugs ripped up so you'd cough in the hallways— and that awful spraying smell was everywhere. I was there every day. It was clear they were doing this on purpose, to discourage tenants from staying.

"Then Mama began getting really scared. 'They're going to fumigate me,' she'd say. And I'd say, 'No, Mama, I won't let them do that to you.'"

One day Mama didn't show up at Polo's. Instead she smashed out the window of her room with her cane and began screaming for help. "They've murdered three people," she screamed. "They're going to spray me like the others they killed," she screamed.

They took Mama to the gero-psychiatric unit at Ralph K. Davies Medical Center.... She was described as "shattered" by her experience at The Dalt. (The San Francisco Chronical, Friday, April 4, 1980)[1]

The immediate causes of homelessness are as diverse as the homeless themselves: loss of a job, physical or mental disability, loss of government benefits, divorce, among others. However, it is clear that the plight of the homeless represents the most severe housing shortage since the Depression. Generally, the problem centers on the dwindling supply of housing for those with the lowest incomes.

"Affordable housing? Even for those of moderate means, it's fast becoming a contradictory term. As demand grows and supply dwindles, the situation deteriorates. For many poor people it is desperate," concluded participants at a symposium in late 1985, sponsored by *Engineering News Record*.

After conducting extensive hearings on the homeless in 1984, the House Intergovernmental Relations and Human Resources Subcommittee concluded, "The scarcity of low-income housing appears to be the main cause of homelessness. Poor people simply cannot afford the majority of available housing in the United States."

Kenneth J. Beirne, a general deputy assistant secretary for policy development at HUD, painted the following picture in 1985: "Of 2.8 million families, roughly, in a worst-need situation, approximately 800,000 are in what might be called substandard units. About 2 million are paying excessive rent burdens."

The problem extends to every region in the country, major cities, rural areas, and even suburbs. As *Newsweek* reported (Dec. 16, 1985): "Suddenly even suburban America is grappling with the issue [homelessness]. Bergen County, N.J., is sharply divided over the problem of homelessness. So is Brattleboro, Vt., where the zoning board voted recently to close a church-run shelter."

In some cities the housing situation can change dramatically and quickly. New York City provides perhaps the most extreme example. A recent Census Bureau survey found that from 1981 to 1984, the number of rental units in New York City declined by 35,682, from 1.9 million, largely because of conversions of low-rent apartments to cooperatives and condominiums, which low-income people cannot afford. In addition, the increasing costs of building operation outstrip inflation and lead to higher rents.

Now, according to Hayes, there is less than a one percent vacancy rate in low-income, rental housing in the city. As a result, the number of homeless in New York—on streets, in public shelters, and doubling up with friends or relatives—has grown to more than 100,000.

A number of studies have shown how the loss of housing can be the immediate precipitating cause of a prolonged homelessness. Typically, this loss of housing takes one of three forms: eviction or threat of eviction; intolerable conditions in one's prior residence; or rent increases that outstrip one's capacity to pay.

What most frequently occurs comes as no surprise: "The people least able to pay for housing end up being the first homeless, often with no place to go but an emergency shelter," says John Philips, AIA, 1985 chairman of AIA's housing committee. For instance, the average length of stay at the House of Ruth emergency shelter for women in Washington, D.C., has increased to seven weeks because "there is no vacant affordable housing in the city," says the organization's Executive Director Sandra Brawders. "The only available housing at times is at least $180 a month, with no kitchen privileges. So you have to eat all your meals out. Public assistance is $206. Now you figure out what is going to happen."

The number of affordable units has dropped so drastically that emergency shelters by default are becoming permanent quarters for some.

A major reason for the dwindling supply of affordable housing is urban gentrification—the displacement of low- and middle-income people from their houses or apartments, which are then renovated and put back on the market at much higher prices. The gentrification process most often begins in one of a city's poorer, run-down neighborhoods or on the boundaries, where property is inexpensive, the housing stock old and in need of renovation but potentially attractive or even charming. Once the process begins, the low-income population is almost always displaced. Only rarely can the poor survive in what becomes a "trendy" neighborhood; gentrification without displacement requires a coordinated effort between nonprofit organizations and neighborhood groups, working to secure federal, state, and local money to aid the poor. Even then, success is not always guaranteed.

New York City, for example, has encouraged gentrification as a way to upgrade the housing stock and improve the tax base. "Tax incentives, zoning policies, and the programming of public investment have all contributed to gentrification. Almost nothing has been done to change the pattern of gentrification itself, to control it, to redirect it, to insure that its benefits be spread to all population groups and neighborhoods," says Professor Peter Marcuse of Columbia University's Urban Planning Division.

One-third of the 600,000 people who live in that city have low incomes, yet less than 1 percent of the housing is in their price range. "Gentrification has forced up the property values, and urban redevelopment has destroyed the areas where poor people used to live," says Boston-based housing expert Carol Bower Johnson.

The National Housing Law Project in Washington, D.C., in 1985 placed the number of people who are involuntarily displaced from their homes each year at 2.5 million. At the same time, NHLP estimated that 500,000 low-rent units are lost each year. "Boston, like other large cities, is becoming encapsulated by an affluent urban ring and no longer has a downtown area that provides housing for the very poor."

Barry Zigas, president of the D.C.-based National Low Income Housing Coalition, says that from 1970 to 1980 a large portion of the stock of what was traditionally the low-income housing market was eliminated. In 1970, there were 8.4 million renter households with incomes below $5,000 a year, and almost 15 million housing units renting at 30 percent of $5,000 a year, Zigas says. By 1980, there were 6.3 million renter households in that category, and only 2.7 million units. So by 1980, there was a need for almost twice the number of available units in that price range.

The U.S. General Accounting Office cites the following reasons for the decline in low-income housing: greater profits available from other types

of construction, rent control, neighborhood opposition to public housing, declining federal subsidies for both developers and tenants, income tax provisions and high property taxes encouraging owner abandonment of housing, and arson. In metropolitan areas around the nation, large office buildings and hotels are going up in record numbers even though the vacancy rates in existing structures are exceptionally high. At the same time, millions of people with moderate incomes cannot afford adequate housing despite increased home construction and improved economic conditions.

Traditionally, those seeking housing of the lowest possible cost have turned to residential hotels, a housing type that fell into disdain in the '60s and became the symbol of urban decay. Often located on the fringes of commercial or industrial districts, these hotels were particularly well-suited to housing the elderly, the mentally ill, and singles of all ages. During the 1970s, these buildings have been toppling like bowling pins: Between 1970 and 1982 the nation lost 1,116,000 single-room-occupancy (SRO) units, nearly half of its supply, first to urban renewal and highway projects, then to abandonment, gentrification, and arson. New York City lost 87 percent of its stock; Boston 85 percent. During the past 10 years in Phoenix, 30 residential hotels in the downtown area were torn down, displacing about 1,200 persons for whom no replacement housing was made available.

Over the last 10 years, Chicago has lost 17,000 SRO units; only 11,500 remain. Rents average about $170 per month. Officials are now worried that the remaining units will disappear fast. "It's a simple case of money. The SROs need public aid, but the city is being undercut by federal cutbacks. We need more creative financing," Joel Werth, of Chicago's Department of Housing told the *Chicago Tribune* in February. Doug Dobmeyer, of the Chicago-based, community organization Voice of the People said, "If someone doesn't do something soon, the cost will be much greater as more and more people become homeless. It makes sense to keep the sturdy SRO housing stock and work with it and preserve it."

The most basic need, says Hayes, is "housing, housing.... That is not to say that the homeless mentally ill, for example, do not need more than just housing, but from my vantage point, it is housing and the architects that can at this juncture fulfill the prime need of even the homeless mentally ill before the psychiatrists. For the most important thing for a mentally ill, imbalanced person is a secure, stable place to live."

Since 1980, there has been a sharp decline in federal assistance for low-income housing. The Reagan Administration's approach has been to turn away from subsidies for the construction and operation of public housing in favor of vouchers for individuals to help them secure private sector housing. There has been only a small amount of new construction in the last six years (except housing for the elderly), the rehabilitation of existing units has decreased, and operating subsidies to public housing authorities have decreased.

Some of the public housing is in such bad repair that the U.S. Conference of Mayors called for $1.7 billion for rehabilitation in fiscal year 1986; for that same period the Administration proposed $218 million. As for new construction, only 5,000 units of conventional public housing were constructed or substantially rehabed in FY '85. From 1976-1980, there were 300,000 new households assisted each year; from 1981-1984 there were 100,000 per year, and by fiscal year '87 the number fell to less than 100,000. A total of 4.6 million received assistance in 1984.

In almost every area of the nation, but particularly New York City, there are long waiting lists of applicants eligible for federally assisted housing. The demand is so high in parts of the country that cities have simply stopped taking applications. "Twenty years ago the problem was too many people living in substandard housing," said Cushing N. Dolbeare, a consultant on low-income housing.

"That has changed. The problem now is a shortage of housing people can afford."

Kermit Baker, senior economist with Cahners Publishing Co. in Boston, suggests, "As subsidies become shallower, low-income housing is increasingly being targeted for moderate-income populations. Subsidized developments are becoming smaller in scale. Greater attention is being paid to existing stock. There are virtually no new funds available to subsidize rents for more costly new construction.

"Recently, the private market has been quite successful in producing rental housing.... However, a decreasing proportion of this newly constructed rental housing stock is being targeted for low- and moderate-income households," Baker suggests in a report for the National Association of Home Builders (which was co-authored by Denys-Martin Chamberland and Sally Saltzbart, Baker's former colleagues at the Joint Center for Housing Studies at Massachusetts Institute of Technology and Harvard University).

The federal cutbacks in assisted housing programs, particulary Section 8 new construction and substantial rehabilitation programs, have "made it extremely difficult to build housing for low- and moderate-income households," say Baker, et al. "In many areas, there is sufficient nonassisted housing being constructed to free up other units for low- and moderate-income households. In tighter markets, this 'filtering' cannot be expected, and so the need for affordable housing remains.... Our findings indicate that there have been substantial reductions in assisted housing production since 1981," the NAHB report concludes.

As the affordable housing market has drastically shrunk, three concurrent changes have also added large numbers to the ranks of the homeless: a shift in the care of the long-term mentally ill, a transformation of an industrial economy into a high-tech one, and a decline in general government income assistance.

Until the mid-'50s, a large percentage of the long-term mentally ill found total asylum in state hospitals. But with the introduction of psychoactive drugs, the state institutions began to release patients in large numbers on the theory that it would be most humane for the mentally ill, aided with these new medications, to return to their communities. There, professional support and guidance, when necessary, would be available at community mental health centers. In the first wave, approximately 200,000 were released — those patients who had responded best to the new medications and who could return to families or other supportive environments.

In the 1960s, continued deinstitutionalization was spurred on by public outcries over the deplorable conditions in the state hospitals. The rights of mental patients were increasingly expanded and upheld by the courts and state legislatures. The federal government assumed more and more financial responsibility for chronic patients discharged to nursing and board-and-care homes, with Supplemental Security Income (SSI), Medicaid, and Medicare providing necessary funds. Congress also passed legislation providing grants to develop and maintain community health centers. In the end, hundreds of thousands more patients were released, so that by 1985 there were less than 138,000 psychiatric patients in hospitals nationwide, compared to 559,000 in 1955. What happened, however, was that these community centers never materialized in any great numbers.

"The concept of moving comprehensive treatment and care from the institution to community auspices was basically a good one.... But the implementation was terribly flawed," concluded the American Psychiatric Association's task force on the homeless. Fewer than 800 of the estimated 2,000 centers have been built, and critics charge that existing ones are not adequately coordinated with those institutions discharging patients. As a consequence, many of the younger, chronically mentally ill have neither received adequate treatment in the community nor have they been helped through

hospitalization. It is now possible to hold psychiatric patients without their consent for any length of time only if they are considered dangerous to themselves or to others.

D.C. activists Hombs and Snyder paint a particularly grim scenario of the current situation: "Nationally, 1,000 mental patients per day are discharged from institutions. Only 7 percent are referred to community mental health centers. Not all of those make it to their appointments, and those that do may not find the help they need. Many patients simply end up on the streets with no alternatives and no assistance." As a result, the long-term effect of deinstitutionalization, they say, is that "few patients keep jobs, the majority live in total or moderate isolation, and few remain in aftercare for more than a year or two."

The most ideal solution, the American Psychiatric Association's task force on the homeless concluded, would be to make involuntary commitment procedures more flexible while expanding short- and long-term mental health care and social services for the chronically mentally ill. As it is now, without the necessary social services, the mentally ill are highly susceptible to homelessness; a reoccurrence or a destabilization of their condition can lead to a loss of job and home, or both. The mentally ill are thought to make up 20 to 50 percent of the homeless population, but as Dr. Irene Levine of the National Institute of Mental Health says, "Because the very state of homelessness can cause varying degrees of mental illness in relatively short periods, there may even be a larger percentage of the homeless who are mentally ill" or who experience some type of psychological distress. Other mental health experts believe that up to 80 percent of the homeless living on the streets have some kind of mental illness, ranging from schizophrenia to severe personality disorders.

Another group recently joining the ranks of the homeless are the so-called "new poor," the industrial workers whose skills are no longer useful in the new, high-tech society. "What has come to be known as deindustrialization changed American industry, the workforce, and the structure of the communities across the nation," says Dr. Richard Ropers of UCLA's Developmental Disabilities Immersion Program and co-director of Los Angeles' Basic Shelter and Research Project. "During the decade of the 1970s, at least 38 million jobs in basic industry were permanently lost," he adds. New York City, for instance, lost 80,000 blue collar jobs in the past five years (1980-1985), and the unemployment rate among young minority men is running between 40 and 50 percent. In obvious need of retraining, often the only jobs displaced industrial workers can find are low-paying service ones. So even if working, they are susceptible to homelessness.

For victims of domestic violence — battered women and their children — the situation is bleak. Sometimes the only safe and affordable refuge is a women's shelter, which, because of the demand, may restrict the length of an individual's stay. When that limit is reached, the women and children may have no option but to return to intolerable family situations.

Children are also special victims. Once homeless, families are often split up, with the child or children placed in the homes of friends or with extended family members. Sometimes, the children are turned over for foster care, while the parents seek emergency, and then more permanent, housing. At statewide hearings in Massachusetts and New York, the following examples were more the rule than the exception:

In Binghamton [N.Y.], seven children (aged 14-17) were discovered living in a parking garage downtown. The community responded by treating it as a police problem and the kids disappeared. No one knows where they went....

The Rescue Mission in Utica [N.Y.] reported a 400 percent increase in the numbers of homeless youth seen over the past year....

In the Peabody [Mass.] region, teenagers, expe-

cially pregnant women with no family support, and young men lacking job skills, form an increasing proportion of the homeless.[2]

Some find themselves homeless due to other personal crises — such as divorce, release from jail or a hospital with no place to go, being stranded while traveling, loss of home and possessions due to fire, or health-related problems.

Added to this are those losing government benefits. In March 1981, President Reagan launched a "crackdown on ineligibility," in response to a GAO report that as many as 20 percent of the beneficiaries of government aid might be ineligible. By the time the Administration halted its review some 150,000 to 200,000 persons lost their benefits, and some critics charged that truly disabled people had been stricken from the rolls. While the effect of the review has not been statistically documented, it is highly likely that the loss of disability benefits reduced the ability of many to pay rent, and thus increased the homeless population. In late 1985, the Reagan Administration once again announced that it was resuming reviews of disability rolls.

As a result of these cutbacks and changes in the economy, more Americans (35.3 million) were living below the poverty line in 1984 than since the beginning of the Johnson Administration's war on poverty in 1965. From 1980, the number of people below the official poverty line increased by 4.5 million. With the poverty line set at an annual salary of $10,178, in 1983 the poverty rate was at its highest level (15.2 percent) in 18 years.

"The new urban homeless are essentially the disenfranchised — those who are denied the opportunity to work, denied access to decent low-income housing, and denied access to medical and social aid," says Rogers.

It is not merely the economics of poverty that has helped to create the phenomenon of homeless families. Poverty erodes a person's self-esteem and confidence, and creates feelings of despair and alienation," suggests Dr. Ellen Bassuk, associate professor of psychiatry, Harvard Medical School. "When poverty is coupled with a breakdown of family structure and values, its effects are even more pernicious."

After working with the homeless in Boston, Bassuk noted: "To talk with homeless people is to be struck by how alone most of them are. The isolation is most severe for the mentally ill. Family and friends grow exhausted or lack the ability to help; overburdened social workers may be less responsive; the homeless themselves may be unwilling or unable to communicate their needs or to make use of the support available." In conclusion, she says, "There is usually no single, simple reason for an individual's becoming homeless; rather, homelessness is often the final stage in a lifelong series of crisis and missed opportunities, the culmination of a gradual disengagement from supportive relationships and institutions."[3]

While the causes of homelessness are diverse, once the threshold has been crossed, the nightmarish quest is universal: where to find a safe haven for the night, and a secure home for the future?

The Eviction

A SAFE HAVEN

The Welfare Department referred Jane to a hotel on the Upper West Side [New York City]. She left even with a week's rent paid in advance, because she couldn't bear the filth, the strange noises, and people running down the hallways all through the night. She said, "I decided no place is better than that place" and went at first to sleep in the train station sitting up. She distrusts any referrals from the Welfare Department, and is awaiting a job so that she can secure a decent place to live on her own, preferably outside the city. In the meantime, she has found a cardboard box in which to sleep, located in an alleyway along with 10 to 15 others.[1]

Like Jane, many of the homeless find living on the streets preferable to emergency shelters or welfare hotels, where conditions can be wretched, even dangerous. Others, who in their first days of homelessness took to the streets, have never left, and sleep in cars, or under tents or bridges, in all-night movie theaters, dumpsters, and trash bins, in abandoned buildings. They are vulnerable when it gets too hot or too cold; they are exposed to infection and disease; they are the targets of muggings and other violence.

In addition, the personal costs of living without shelter can be great, as reported in Los Angeles: "A homeless mother and her three young children slept on the pews of a mission. While other children attended school, these three stood in a lunch line with their mother to get a sack lunch that would be their only meal that day.... A woman who had been sleeping in Skid Row alleys was knocked unconscious and then raped.... A young man, who recently hitchhiked to California in search of work had not slept or eaten for two days after he was beaten and robbed."[2]

To escape the evils of life on the streets, many seek refuge in those emergency shelters, which can be a horrifying experience. "The frightening scale and Dickensian conditions of public emergency shelters effectively exclude those most in need of a protective setting," wrote Ellen Baxter and Kim Hopper for the Community Service Society in New York City. In that city in 1981, they found that "chaos prevailed" at the Fort Washington Armory, an emergency shelter where "900 men slept on iron cots set in rows on a single drill floor, with the hallucinations and bizarre behaviors of the mentally disturbed among them hardly quelled by the seven to 12 staff members on a shift. Attention to the available showers does not prevent their breaking down either."

At the same time, a shelter for men near the Bowery slept approximately 250 men on cots just inches apart. The door was locked each night to keep people out—not in—especially in the winter, a practice that is repeated at shelters across the country. "You could actually see marks on the door where men had clawed at it to get in after hours," Hayes said, after visiting the shelter one winter evening.

"An emergency hospital for victims of some terrible natural disaster," was the *New York Times* description (Nov. 16, 1985) of the Fort Washington shelter. "The lights are always on, always dim," the *Times* continued. "Even at midnight there is a constant din—talking, moaning, drunken babbling." That shelter's 900 cots lined up on a drill floor was compared to the 215-bed Harlem Men's Shelter where "there are 13 beds to a room, and the rooms have the feel of a dormitory—favorite magazine pictures of girls and rock stars tacked to the walls, radios playing quietly, laundry hung neatly up to dry."

These public emergency shelters simply offer a temporary respite from inclement weather and the danger of the street. Some offer no food; some offer sandwiches; others hot meals. There is no sense of permanency (admittance is most often on a day-to-day basis), no privacy, inadequate bathroom facilities, no place to store belongings, little or no help in securing more permanent housing or psychiatric counseling. There are incidences of widespread disease—from scabies and lice, to leg ulcers, to tuberculosis; there is minimal, if any, medical care.

A SAFE HAVEN

Usually the dormitory is gynasium size or bigger with rows of cots, or simply mats set on the floor. The buildings are often run-down and exceedingly unattractive and blighted. Building conditions can be in gross violation of local building codes, a situation that may be overlooked by local code enforcers on the theory that even this type of shelter is preferable to sleeping on the streets. Sometimes the atmosphere is volatile; sometimes violent.

If anything, the built-in deterrent features of public shelter—the dirt, degradation, and debasement that have at times accompanied the offer of relief—are more powerful for people who are keenly sensitive to the merest trace of danger in their surroundings," suggests Gov. Cuomo. "Moreover, the rigors of street life—the isolation, vigilance, and self-sufficiency required—serve to intensify whatever intrinsic sense of suspiciousness one arrived with. It is not a novel observation that the effects of severe social deprivation on one's mental and physical health can be considerable. Nor should it surprise anyone that even the debilitating symptoms often found among veteran street dwellers are markedly reduced once basic living needs have been met and safe haven secured.... As a result of the deterrent features of public shelter, an unnatural 'triaging' may take place, which ensures that those most in need of a protective environment are those least likely to secure it. The public shelters, in effect, select for the younger, more resourceful and resilient among the homeless poor. The streets retain the rest."[3]

So many mentally ill persons frequent certain shelters that those shelters resemble "mini-institutions for the chronically mentally ill," the nation's newest asylums.

"The survival of long-term [mentally ill] patients, let alone their rehabilitation, begins with an appropriately supportive and structured living arrangement. Other treatment and rehabilitation are of little avail until patients feel secure and are stablized by their living situations," says Dr. H. Richard Lamb, professor of psychiatry, UCLA. "One problem," he adds, "is that the homeless mentally ill will accept shelter and nothing more, and they will eventually return to a wretched and dangerous life on the streets."

The private shelters, many of which started during the Depression and grew out of the altruistic traditions of rescue missions and churches, are usually safer, cleaner, smaller, and better-run facilities that offer a sense of caring, respect, and dignity to their guests. These private shelters can range in sizes from five or 10 to 200 or 300 beds. More often than not these shelters are night operations: Due to a variety of factors—such as budget limitations, staffing constraints, a strong work ethic, and community resistance—the homeless are asked to leave the shelter early in the morning, although some shelters have drop-in, daytime centers. These shelters usually operate on a first-come, first-served basis upon opening in the evening. Therefore, shelter "guests" cannot always be assured of a bed in a particular shelter, let alone the same bed. Some shelters provide lockers, but generally there is little or no place to store possessions and few opportunities to establish social connections. More often than not, shelters are located in depressed neighborhoods or in isolated, abandoned, and dangerous sections of a city.

The most widely accepted theoretical approach to housing the homeless is a three-tier system, although in reality the boundaries between these different types of housing are not always so clear-cut. The first type is emergency shelter, for which Conrad Levenson, an architect and professor at New York City College, offered the following as basic requirements: "overnight sleeping accommodations and a daytime drop-in facility that are welcoming, easily accessible, and undemanding; facilities for personal hygiene and health; privacy, a sense of dignity, and amenities such as a kitchen, infirmary, and laundry facilities. Also important are accessibility, location, and security, and an

opportunity for job and psychiatric counseling."

The normal duration of a "guest's" visit is a few days to a few weeks, although in areas where "affordable" housing is in short supply, a guest's stay may be for much longer. Virtually any structure with a roof and walls, such as armories, church basements, and school buildings, can be turned into an emergency shelter. The optimum capacity is a point of contention: Some say as many as 200 to 300 guests is satisfactory, a size that others consider too large for any personal attention to be given.

The second type is transitional housing, which as the term implies is the intermediate step from homelessness to long-term housing. The American Psychiatric Association describes transitional housing as providing services for three to six months or longer. Usually there is more differentiation by population group (families, the chronically mentally ill, unemployed single adults, children) and more social and clinical services than in the emergency shelters. Placement in long-term housing and a source of regular income is stressed.

In the third stage, appropriate supportive social services should be available to complement the long-term living arrangements. The building type and physical layout of any of these ongoing facilities for the homeless should vary depending on the population and the projected length of stay.

Transitional shelter can take a variety of forms, but it is usually more like permanent housing than emergency shelter. For example, the Seattle Emergency Housing Service provides up to four months of shelter for homeless families in its "fourplex": within one building are four, two-bedroom apartments, each with private kitchen, dining, and living areas.

Other transitional housing arrangements take the form of single-room-occupancy hotels (where there are one- and two-person bedrooms and shared kitchens, lounges, and bathrooms, or some variety of this arrangement), group homes, or individual apartments. In a demonstration program in Memphis, 10 houses owned by HUD are being used by a private nonprofit organization as temporary housing for families. The Metropolitan Inter-Faith Association leases the units, which HUD acquired through foreclosure.

Sometimes, all three housing types are offered by the same service provider, with different types linked to provide a sense of continuity and familiarity to a homeless person moving from emergency shelter to transitional to long-term housing. The House of Ruth, in Washington, D.C., for example, has an emergency shelter for 75 women. The organization also runs a house for pregnant women, who are allowed to stay one year; a special shelter for abused women and children; and an intergenerational house, where the 32 residents are paired by age—a younger woman shares a room with an older one.

For the homeless mentally ill, community-based housing can take the form of quarterway or halfway houses, lodges, board-and-care homes, satellite housing, foster or family care, crisis or temporary hostels. An example of graded care for the homeless mentally ill is the El Rey House in Seattle. Designed by ARC Architects and modeled after the Fountain House in New York City, the El Rey offers three levels of supervised living, as well as support services. The first has private and shared rooms and round-the-clock supervision. The second has semi-private bathrooms for a little more privacy and responsibility, and although professionals are on the floor 24 hours, the "crisis" rooms have disappeared. The third floor is more like an apartment building, with each single or double room having a private bath and small kitchenette. For all current and former residents, psychiatric counseling, job training, basic life skills programs, and recreational activities are offered in the El Rey's clubhouse on the first and basement levels.

It is also possible to serve several different populations in one building: A nonprofit group, Pastoral and Educational Service, Inc., acquired a

city-owned apartment building in Brooklyn, N.Y., at nominal cost for rehabilitation into an 18-bed supervised residence for adults at least 18 years old, with a primary diagnosis of psychiatric illness and an ability to live independently; permanent housing for 77 adults over the age of 25, where each person will have a single bedroom and will share common facilities, such as living, dining, bath, and kitchen with six other individuals; and transitional housing for mothers with children under the age of six, which will be made up of clustered living units with each floor having bath, kitchen, dining, and living facilities. The architect of the project is Cindy Harden, of the Pratt Architectural Collaborative, Brooklyn, N.Y.

Long-term housing need not cost more than emergency shelter. For example, Baxter and Hopper found that in 1983 the cost per homeless man at the Fort Washington emergency shelter in New York City was $21.39 per day. That averages out to $641 per month per homeless man. Elsewhere in the city at the Travelers Hotel, which in 1983 had 27 rooms for 36 women, the cost was $16 per day; at the St. Francis Residence, 100 private rooms were developed at half the capitalization cost and operated at about two-thirds the cost of the city's shelters.

"Serious consideration must be given to the return on investment in costly emergency shelter settings," Hopper and Baxter maintain. "Given the scarcity of low-cost housing in the city [New York] and inadequate levels of public assistance payments, most individuals are relegated to costly emergency settings indefinitely. Were homeless people able to move out of shelters to permanent housing, the potential cost saving would be great."[4]

It seems ironic that what was once considered the core of the worst city slums is now thought to be one of the most viable types of low-rent housing—the residential hotel. "It's my belief that because of the communal nature of these facilities, many elderly people would be better off in well-run SROs than in much more expensive Section 8 apartments, where they tend to become isolated and lonely," said Andy Raubeson, executive director of SRO Housing Corporation, Inc., in Los Angeles. Other populations can be served as well: the chronically mentally ill, single men and women, the physically handicapped.

William Church, FAIA, of Church-Davis Architects, Portland, Ore., and architect of several SRO conversions, suggests that there has been a "redefinition of what is appropriate housing, with the SRO coming back into acceptance." Raubeson, Church, and others have found that dilapidated residential hotels can be rehabilitated into baseline SROs for a little as $6,000 to $12,000 a unit. Rents can remain low, from $100 to $225 a month, and additional income can be made from leasing first floor space to commercial establishments.

The economics of developing an SRO versus the more traditional low-income housing is considerable. In Portland, Ore., for example, four residential hotels were rehabilitated for 247 individuals at a cost of $4,000 to $13,000 per unit, according to Sam Galbreath, director of housing, Portland, Ore., Development Commission. At the same time, federally assisted housing units cost $36,000 to $40,000, Galbreath continued. The rents were $203 for the SRO compared to $475 and up for the other.

It is also important for shelters to offer a wide array of social services, and there is a trend in that direction. "As homelessness has increased, so has the scope, shape, and sophistication of shelter systems meant to provide this safe haven," suggests the Federal Emergency Management Agency. "Many shelters have stepped far beyond furnishing a bed or a cup of soup into having multiservice centers of low-income emergency assistance, peer group counseling, vocational rehabilitation, life skills training, and more. The administrators of the multidimensional shelters contend that homeless people should not simply be sheltered; rather, they should be helped out of a marginal existence into

stabilization, affirmative employment training and placement, and permanent, affordable housing."[5]

Between 1980 and 1984, the Department of Housing and Urban Development reports, the number of shelters in the country increased by about 66 percent. But although the number of shelters increases yearly, in more and more cities, there is not enough room even in the most wretched of shelters. In new shelters, the beds can fill up as soon as available, particularly in the winter. "I think all would agree that the number of shelter beds in this country is inadequate, and I think most would agree that the services on the site at most shelters are inadequate," Philips says.

As *Newsweek* reported (Dec. 16, 1985): "A 1984 report issued by HUD found that there are only 91,000 such beds nationwide. By the most conservative estimates of total homelessness, that would mean one bed for every three homeless people. If, as some studies suggest, there are more than a million people homeless, the ratio would be one bed for every 10 or more." The U.S. Conference of Mayors reported that homeless people are "routinely" turned away from overcrowded shelters in half the 50 cities it surveyed in 1985.

This shortage of shelter beds is reported throughout the country. In Los Angeles County during the winter of 1983-1984, the estimated 33,800 homeless persons had access to only 1,906 shelter beds, of which 259 beds are in domestic violence shelters.

In Chicago, the local coalition for the homeless reported in February that as many as 10,000 youths up to the age 21 are homeless at any given time on Chicago's streets.

"The lack of facilities and service to deal with the problem is just as shocking as the extent of the problem itself," the coalition maintains. There are reportedly 30 emergency beds, or one for every 330 youths in need, in Chicago.

What is needed, Hayes says, are more shelters that are "accessible, warm, soft, and treat people with dignity."

John Jenkins

DIGNIFIED SHELTER

In September 1982, nationally syndicated columnist Jimmy Breslin set up housekeeping—a makeshift bed, a table, and chairs—on the east side of First Avenue, between 35th and 36th streets in New York City. From there he wrote: "The plaza will pass as home for me for a couple days, a couple of nights, and columns will be written and dispatched to this newspaper. The people who will be written about are not orderly, perhaps not so rational. But many of them find that living on the streets is better than being in the dank, crawling rooms to which the city directs them. Perhaps another presence on the streets will cause the public to request housing that is more attractive to the homeless, the wanderers, the wounded, than an empty sidewalk."[1]

When designing shelters and programs for the homeless, it is perhaps most important to create a sense of dignity.

The principle behind the design by five advanced architecture students of a "model" shelter for the Community for Creative Non-Violence in Washington, D.C., can be applied generally: "This shelter was based upon the preservation and restoration of individual dignity. This was the prime moving force and was achieved through the respect for the sanctity and the unique qualities of each individual and the attitude that each individual is entitled to have all the same rights, if not comforts, as if he or she were living in a private home," says Conrad Levenson, a New York architect and professor at New York City College.

Basically, the needs of two groups have to be understood—those of the homeless and those of the service providers or managers. "We are dealing with a population [the homeless] that is quite diverse," psychiatrist Michael Vergare says. "We cannot assume that any one housing alternative will fit all their needs. Any of the shelters that you might study that is creating an adequate or more than adequate environment for those who must use it has programs that focus on the individual's needs. I think that is the most important issue today. In order to understand the diversities, we have to really begin to understand the individuals within that group."

Hayes echoes, "Every homeless person who fits into one of these categories is an individual that is suffering." Ronald Willis, senior mental health specialist with the U.S. House of Representatives' Committee on the District of Columbia, says, "You can't assume you know what these people want until you know them individually."

"Involve the homeless as to what the shelter should look like and how it should work," suggests Fred Karnas, program director of Community Council Inc. in Phoenix and a professor at Arizona State University. "Statistics don't tell us what we need to know to design a shelter. We need to know about life on the streets—about constantly waiting in line for meals, waiting for health care, waiting for employment, waiting to go to the bathroom or to bed, about dirty clothes and a dirty body and hours of time with nothing to do."

CCNV providers Hombs and Snyder offer a unique perspective, having lived on the streets in Washington, D.C., for four months to better understand the homeless that sought refuge in their shelter: "When you're on the street, virtually every act involves a wait in line. First-come, first-served is the rule at shelters, missions, soup kitchens, clothing rooms, and drop-in centers. Among the homeless, a place in line is often worth fighting for. It is the inevitable outcome of too many people competing for too few resources and services.... The line is a constant source of tension, frustration, and anger.... Time, the greatest of healers, can also be an unmitigated curse. Passing time on the street and 'doing' time in prison are very similar experiences, although time spent on the street is more empty and moves more slowly. The question that confronts every homeless person daily is what to do with the day, which seems to stretch out infinitely and inexorably before you.... For the homeless, life could best be described as endless tedium broken only by periods of physical and emotional suffering."[2]

DIGNIFIED SHELTER

What are the most basic needs from a homeless person's point of view? George Hathaway, a CCNV shelter resident, offered nine priorities: 1) shelter, night and day, in order of preference; 2) food; 3) hygiene on a 24-hour basis (i.e., decent showers and washing facilities); 4) material distribution—clothes, shoes, etc; 5) medical and mental health advice; 6) a library with reading materials, with newspapers being of special importance; 7) bulletin boards or other appropriate places for the sharing of information; 8) spaces for socializing; 9) quiet places. Hathaway emphasized that while it was "hopeless to have a long-term friend or a wife," there was a real desire for "a sense of family and a home."

A service provider's wish list was offered by Robert Beggan, senior vice president of the United Way of America: "Give me a shelter that is safe, one with a kitchen designed so lines can be fast moving and one with an atmosphere more like a cafeteria than a soup line. Give me dormitory space with a central monitoring station much like a hospital intensive care unit, with partitioned, comfortable bed spaces off in each corner. For safety as well as appearance, don't give me doubled-tiered bedding. Give me storage space, plus a small room that can be converted to a barber shop. Give me showers with individual stalls, large tiles, extra heavy fixtures, and wheelchair acceptance. Give me a separate storage room for clothes. Give me small administrative spaces with open space dividers and social workers' offices that are small, warm, yet authoritarian—but with a door out behind the desk in case the client 'flys off.' Give me separate restrooms for volunteers, as the first time your best volunteer is infected with lice or scabies it's goodbye forever. Give me bright colors, plain concrete walls that are easily repaintable and nondestructible. And give me windows, a building surrounded by 10 feet of grass and trees, and parking for staff and volunteers. Give me an architect who has thought about crowd control, an architect who understands psychiatric design and is sensitive to the importance of rounded beds."[32]

Other design suggestions follow:

- "These projects are community-initiated in response to local issues and needs. The focus is on the client type rather than the building type. And the focus is on the process—there must be full and meaningful participation on the part of the client in both the design and the construction process. Fourth, design solutions to community problems such as this do not necessarily involve buildings. But when the project is a building, one assumes that it will work both functionally and esthetically. However, the building is assumed to be less important in itself than in its contribution to the understanding and the solutions of the large social problem.... Totally separate men and women at the points of entry and within the facility. There is a limitation on the size of the shelter units in order to facilitate personal, positive social interaction and to minimize conflicts, violence, and vandalism."—Conrad Levenson, Conrad Levenson Architects and Planners, New York City.
- "Design a building that enhances maintenance and hygiene and that is a simple but pleasant and secure environment, one that can be run by a small staff (because staff costs money and funds are likely to be scarce).... Make the building fully accessible.... Separate incompatible building activities (quiet spaces from activity spaces).... Avoid disruptive movement patterns and, in the case of emergency shelters, allow room for an intake of 250 to 300 persons.... In the sleeping area, security is more important than privacy, but privacy is desired in the bathrooms.... Separate the women from the men."—Fred Karnas, Arizona State University, Phoenix.
- "I'm very concerned about large shelters, although maybe because of the emergency situation we are in now, it's a real necessity that we have some large shelters.... Quality of life often doesn't get talked about in the shelter world.... In terms of giving people space, how much space do you need between beds? How much space do you

Courtesy of the Shelter Partnership Corporation

need to sit and talk with a counselor?... We had 693 people staying at the Inn during a number of very cold days. What that means is that in a room a little larger than this [a hotel conference room], people were sleeping on the floor and benches, literally. You could not walk from one end of the room to the other because people were packed in so tightly." —Rand Bailey, assistant director, Pine Street Inn, Boston.

- "Small environments are the way to go.... Security is a big issue, but we don't want a prison.... An architect once came into the shelter and said, 'Wouldn't a balcony be lovely here?' And I said, 'No, because a suicide attempt would be made off of that six times a year.'... Always there has to be a de-licing room.... Do ramps always have to be at the back of the building so people feel they are entering into the servant quarters? Isn't there a way to incorporate ramping into a delightful design?... We have had interior decorators who have come in and wanted to color the walls magenta and turquoise. It is too jarring, and our guests in the shelter get very upset." —Sandra Brawders, executive director, The House of Ruth, Washington, D.C.
- "Use natural light whenever possible, because of its warm quality.... A first-class commercial kitchen is important, as well as adequate storage for dry, refrigerated, and frozen food.... It is imperative to provide lots and lots of storage space, for personal belongings as well as donated clothing.... The washer and dryer are in constant use.... Provide some outdoor space." —Martha Brown Hicks, executive director, Skid Row Development Corporation, Los Angeles.
- "Shelters need to be community based, and the population needs to be mixed because populations are not distinct forever and shouldn't be segregated into certain communities and certain types of housing." —Nancy Travers, assistant commissioner, New York State Department of Social Services, New York City.
- "We put families in separate units because it normalizes the family situation when there are separate bathrooms, separate kitchens, some kind of control over the territory. Most shelters are not like that; they're very communal, and we find that when we put families in separate apartments, it does give them a sense of stability, a sense of normalcy.... Families need to be near social services, stores, buses, laundries, especially when there are small children.... The children need to have a play area." —Martha Dilts, executive director, Seattle Emergency Housing Service.
- "Make it easy and comfortable for a youth in crisis to get into the building and to go through intake.... Provide many services under one roof.... Provide an environment that emphasizes a youth's worth as a human being, a noninstitutional feeling." —Wendy Naidich, program advisor, Covenant House Emergency Shelter for Youth, New York City.
- "Think about the amenities you are going to provide versus the number of people in the building.... Be aware of things not thought of—like refrigerators in rooms (if there is a communal kitchen elsewhere).... People have mentioned mistakes they have made by not having an architect involved early on—like they had bought buildings with no windows or ones that had windows on the outside and a lot of interior space with no access to windows, buildings with major structural problems, or buildings in wrong zoning districts." —Cindy Harden, architect coordinator for special needs housing, Pratt Architectural Collaborative, Brooklyn, N.Y.
- In renovating an SRO "the architect has to conduct a feasibility study. The first thing to check is the number and suitability of exits and whether there are any structural problems, like progressive decay or settlement. Be familiar with the local building codes regarding exits; you almost always need a second exit.... Check roofing and heating systems.... After the contract, determine what corrections are going to be made in terms of life and health safety and livability.

It's usually a case of do what you have to do first and then do what you can with whatever money you have left.... The whole idea is to make the renovation come out at $6,000 per unit.... Wiring, invariably you start over.... Roofing, you always start over. In fact you will probably be replacing the sheathing under the roofing.... Then it's a matter of what your building program is. Are you going to have common kitchens or kitchens in the rooms? If you've got handicap access, there are requirements such as getting into the building and up to upper floors, turning radiuses, bathrooms. And, finally, how do you make a place less institutional and more liveable? Just cleaning up and patching and painting, or saving molding and restoring it can help.... Carpeting can make a huge difference in just the feel of the place.... If it all comes down to warm and dry housing versus security, security ranks as high or higher than the other two." — William Church, Church-Davis Architects, Portland, Ore.

- "SRO management [which is often shaped by the design/developer team] should be tailored to the needs of the existing population and the specific building and its locality. And it should be capable of connecting tenants with the available resources." — Robert Stone, program manager, Housing and Community Development, State of California, Sacramento.
- "Not everyone who lives in an SRO wants to cook. But what does happen in a well-run SRO is that eating clubs spring up. It is an excellent device to create community within the hotel, and in my view, it is not always best to have pullman kitchens. It is not just a matter of affordability; there are those people who are better served by the socialization that goes on around the community kitchen." — Andy Rasbeson, executive director, SRO Housing, Los Angeles.

There are deep concerns that well intended efforts to shelter the homeless, especially on an emergency basis, will become less rather than more humane by creating new institutions for the poor and mentally handicapped. Both a shelter's services and design are suspect.

"Shelter providers need to struggle with becoming too organized in service provisions and therefore institutionalized or being too casual without any coordination or professional expertise applied," says Conrad Levenson. Blake Chambliss, FAIA, of Chambliss Associates, Grand Junction, Colo., questions, "How large should the shelters be? Though the numbers of homeless that we have to deal with are mammoth, I think the concerns are that 300 or 350 is way too large for a shelter. We need to look at smaller-scale projects; we've got to look at being more humane in size. It's also clear that we can't talk about physical solutions alone, that we'll not solve the problems if we simply build new warehouses for people. We've got to talk about the social programs to support them, to put them back to work, to put them back into the community mainstream, or to simply care for them in a way that's humane. And I think there's some concern that that's not happening right now."

"The establishment of massive shelters in which homeless individuals are warehoused is of questionable therapeutic value," suggest Dr. Frank R. Lipton and Dr. Albert Sabatini, psychiatrists with Bellevue Psychiatric Hospital, New York City. "And while emergency shelters are essential in order to provide the homeless with food, clothing, and shelter, they are only stop-gap measures and must not be viewed as permanent solutions. The overcrowding, oppressiveness, and squalid conditions existing in many shelters, emergency or otherwise, are as unacceptable as the conditions that once existed in state hospitals. Present-day shelters are reminiscent of the almshouses or poor houses of colonial America that were used to 'care for' the aged, the destitute, the criminals, the deranged, and other socially undesirable groups."[3]

Solving the homeless problem by establishing more shelters has "disturbing implications," says

Bassuk. "The trouble is that many shelters do little more, and the mentally ill need more than just a meal and protection from the elements. Those whose disorders are treatable or at least manageable require appropriate psychiatric care, which they do not get at shelters. The chronically disabled people who will never be able to care for themselves deserve better than to spend their lives begging on the streets and sleeping on army cots in gymnasiums."

The ultimate question is, do we, as a nation, have an obligation to help house the poor and destitute? If so, what form should that housing take? As Chambliss explains, "We [a group of architects and homeless service providers] walked into a large room [of an emergency shelter] and there were a hundred places marked on the floor for mats. One of the discussions among the architects was how we can divide this into cubicles and make it really sort of nice. And it occurred to me that at one level that's a neat response from architects. At another level it was terribly frightening to me to suggest that maybe what we will do is make these [emergency shelters] nice enough that they will become the accepted standard, long-term housing for the poor. Are we talking about emergency shelter? Or are we simply talking about lowering our standard of acceptability to allow us to meet the 1949 federal commitment to 'a decent home and a suitable living environment' for all Americans?"

THE RIGHT TO SHELTER

An impeccably dressed, small-framed woman in her 60's stood quietly in the entranceway to Grand Central Station at 2 a.m. with her hands folded, because she "had no place to go nights." She said that she had had such bad luck and that rents were so high, she couldn't afford both a place to stay and food to eat. She picks up a Social Security check at the bank every month, but it is barely enough to get by on. She added, "It's disgraceful that in such a rich country as this, so many people stand in doorways all night. It must be mismanagement of funds or corruption or something."[1]

One of the biggest obstacles facing developers of shelters or low-income housing is community resistance. This phenomenon (referred to by some as "nimby" or "not in my back yard") is occurring in countless communities across the nation. Although the intensity of feelings varies widely according to housing type and location, the general situation is explained by the American Psychiatric Association's task force on the homeless report, which uses the homeless mentally ill as an example: "Since the beginning of deinstitutionalization, there has been a great deal of resistance to the development of community residences for the mentally disabled. Many citizens do not oppose the theory of community care for the mentally ill, but when faced with the reality, they often oppose the siting of facilities near their own business or residence."[2]

The antihomeless sentiment ranges from a neighborhood resisting a small group home for the mentally ill to an entire city banning the homeless from its streets. Sometimes the antihomeless sentiment takes on a viciousness, as seen in a proposal by an official in Fort Lauderdale, Fla., to spray trash cans with poison to "get rid of the vermin" searching for food. In Santa Cruz, Calif., a group calling themselves "troll hunters" attacked the homeless at night, especially seeking those individuals living under highway bridges. The anti-troll fever caught on so quickly that 3,000 "troll hunter" T-shirts were sold in three weeks.

Sometimes, uncaring points of view can get majority consent, such as the passage of ordinances in Phoenix prohibiting lying down in public places and declaring garbage to be city property. Both have since been overturned. Sometimes, finding a location for a shelter is a long and tedious process. For example, a service group in Phoenix had to propose 17 different sites for a potential emergency shelter for men before a downtown location was finally accepted. In some cities, the problem gets sent away: A community can force the homeless to go elsewhere by allowing no social service agencies or private organizations to help them. Or the homeless may actually be given a bus or train ticket out of town.

"It is the toughest working with the community," Harden says. "There is almost always resistance, especially if the project involves the mentally ill. It helps tremendously if the facility and how it works are explained to the community at an early point in its development."

Support can also be gained by promising priority placement in the shelter to people from the surrounding community. In addition, a shelter of any kind is more likely to be accepted if it is designed to be compatible with surrounding buildings, and if the entrance is located on a quiet street rather than a busy thoroughfare. "You have to convince people that by having shelters, you're not drawing in more of the problem," says Ken Cole, director, Downtown Emergency Service Center, Seattle.

Speaking of SRO renovations, Church suggests, "Unless you start with that public will to make it work, these projects don't have a chance to get started. After one is completed, it doesn't have a chance of lasting, unless you've got great management."

Other potential stumbling blocks facing shelter providers are building codes and zoning regulations. Any type of nontraditional shelter, from emergency to group home to SRO housing, often does not comply with local building codes concerning such things as minimal floor area, spatial

arrangements, essential support facilities, number of exits, as well as fire and other safety requirements.

"When we started our SRO hotel renovation programs in Portland, Ore., nobody could issue a building permit because SROs were not defined in the code," said Sam Galbreath, director of housing, Portland Development Commission.

Harden, who has been involved in the development of numerous shelters in New York City, suggests, "In large cities where the building department has no classification that a project would fit into, then it is important to go to the building department very early and show them your plans and ask how it is going to be classified, and, if it isn't covered, what you have to do. We usually start out assuming the worst, such as the strictest fire codes, number of exits, etc."

In Illinois, a state law provides $4 million over a four-year period for the rehabilitation of SRO hotels. "To my knowledge, none of that money has been used to date. However, problems have arisen over the definition of SROs, or in some cases, the lack of definitions," Hans Hintzen, of the Chicago Coalition for the Homeless, says. "An IRS regulation for tax-exempt housing revenue bonds requires that each SRO hotel unit have separate cooking and bath facilities. Of course, most SRO units don't have stoves and some share baths." SRO owners and managers are caught in a bind. "They can't get financing to rehab the hotels unless they upgrade the units, but that would make the rent too expensive for the present tenants. There are a lot of people in SROs on fixed incomes," Hintzen adds.

Eric Rubenstein, of the Single-Room Operators Association in Chicago insists, "Outdated city building code restrictions that relate to SRO-type housing should be eliminated. Our properties have more restrictions than unfurnished apartments, which increase the cost of operating and maintaining SROs. For example, the city wanted to tear out perfectly good 21-inch sinks and install 24-inch sinks. It would have cost me $8,000. Fortunately, I won my case in court."

"There are the building codes in which typically things like emergency night shelters or residential hotels aren't even defined," Galbreath says. "When we started our single-room-occupancy hotel renovation programs in Portland, nobody could issue a building permit because SROs were not defined in the code. There were prescriptive requirements for conventional housing, and there were prescriptive requirements for hotels. But there was nothing that recognized anything in between as a legitimate housing form. And the plan reviewers and all the technocrats who were responsible for seeing that plans conform had no place to look. It was a real 'catch 22.'

"The same thing is true of night shelters," Galbreath adds. "Right now, we have established an excellent network of volunteer shelters through churches, which are basically addressing emergency family housing. We have a number of churches that will take families in, generally, you know, 10 to 12 people maximum for up to two weeks and provide highly supervised, good support systems, at little or no cost to the community. All of a sudden, the code officials discovered this was going on and basically started going and beating on the doors of the rectors of these parishes, saying, 'You have an illegal use going on here.'"

What is beginning to occur across the country is a re-evaluation of building code definitions of suitable, affordable housing, as well as that of emergency and transitional shelter. Many are asking: Are the current housing standards counterproductive and inhibiting the production of affordable, low-income housing? Or are they necessary to maintain a decent standard of living? What should be considered a suitable standard for housing that is not a typical one- or two-family dwelling, or an apartment with separate bath and kitchen? Can current codes be changed without sacrificing quality?"

To answer these questions, it is perhaps useful to examine the issue historically as Jill Hamberg,

an urban planner in New York City, did. "During the Depression and post-World-War II period," she says, "when affordable housing was extremely scarce, the codes were modified to permit renting out rooms in apartments. By the mid-1950s the laws were again changed to severely restrict the creation of 'rooming units,' not only in apartments, but also in rooming houses and other similar buildings. Meanwhile, many structures originally built as commercial transient hotels became the permanent living quarters of an increasing number of single adults and even some families. Now there is mounting recognition that something must be done to preserve what units still exist and to create appropriate housing, sometimes with supportive services, for the population being displaced."

What often happens, Hamberg suggests, is that "occupancy and use classifications do not correspond to what the sponsors of shelters and permanent housing want to do. Therefore, advocates for the homeless are seeking certain administrative and legislative changes to smooth the approval process, without compromising health and safety."

In Chicago, for example, when new shelters for the homeless are planned (as either new construction or renovation), the code officials are encouraged from the start to serve in a positive advisory function as opposed to the more traditional negative enforcement role. This can lead to significant cost savings.

As for zoning regulations, they may need to be changed to allow for the transfer of development rights and/or the reclassification of the building types allowed in specific neighborhoods, such as allowing SRO units in transition zones (the zone between residential and light manufacturing, for instance) or allowing half-way houses in certain neighborhoods. Zoning regulations also control building size, population density, and the use of land and buildings. They may prohibit shelters for the homeless or SRO units.

Inclusionary zoning could slow the rapid loss of SROs in some cities. Such a law was adopted in San Francisco in 1979, after a moratorium was placed on residential hotel conversions and demolitions in an effort to save threatened single-room-occupancy units from gentrification or demolition. This law requires a one-for-one replacement of any SRO units lost, or a financial contribution equal to the cost of replacing the units. A similar ordinance is in effect in Miami, and in New York City there is currently a moratorium on SRO conversions.

The transfer of development rights can work as follows: SROs are often located in or near a downtown and are generally in areas zoned mixed commercial and residential. Because of their age and building type, SROs have less floor area than the authorized floor area ratio (FAR) contained in the local zoning ordinances. If there is a significant amount of new commerical development taking place in or near downtown, developers have a strong incentive to demolish the SROs and construct a commercial building, or luxury condominiums, with the maximum allowable FAR. One incentive to save SRO units, and even other buildings that could serve a similar purpose, is for the city to adopt legislation prohibiting SRO conversions in that specific area but allowing the "unused" development potential of the site to be sold and added to the density of another development. If housing units are removed in that zone, they must be replaced in another location by the developer of the site, or a payment must be made into a development fund for replacement housing.

There was concern in Seattle in the early '80s that too many low-income units were disappearing from the central city. "What we increasingly saw was the loss of the lowest-tier units, the ones that people with no choice were living in," said Ted Burton, director of housing and neighborhoods, Seattle Department of Community Development. "We were trying to save them using limited federal resources, but we weren't doing it fast enough. We kept losing them and we began to see a large homeless population. There was a fairly direct

relationship between the loss of these units, which rented in the range of $100 to $150 a month, and increasing homelessness."

To stop the trend, the city adopted an ordinance requiring an equal replacement of any housing that was to be demolished. "If you are going to build a large office tower and take down existing housing, you have to replace it," Burton said. "If you replace it with low-income housing, you have to hold the rent for 20 years at a level that people earning below 50 percent of the area's median income can afford."

Another ordinance in Seattle allows for the transfer of the development rights of a building providing low-income housing to a larger office building, but only if the office building's owner agrees to renovate the low-income housing and maintain it for 20 years.

Over the next several years, if the number of the homeless continues to grow as predicted, the debate will likewise expand over whether people in this country have a basic right to shelter and, if so, who should provide it. That battle is slowly being fought in local scrimmages, although victories for the homeless sometimes seem ephemeral.

One leader of the struggle is the National Coalition's Robert Hayes, who as a young lawyer working at a prestigous Wall Street law firm became outraged over the condition of the homeless people he passed daily on his way to work. Hayes learned that those homeless men and women found the streets and subways "less dangerous and degrading," in their words, than the shelters. Hayes therefore concluded that the "demand for shelter beds was far lower than the true need since conditions at the municipal shelters effectively deterred many of the homeless from even seeking shelter."

In October 1979, Hayes filed a law suit against New York City and the state on behalf of six homeless men (*Callahan v. Carey*), charging that the government had not lived up to what he alleged to be its constitutional responsibilities to provide shelter for the homeless men based on provisions in the New York State Constitution, the New York State Social Service Law, the New York Municipal Law, and even the equal protection provision of the U.S. Constitution.

In December 1979, the court granted the plaintiffs a preliminary injuction that required the city to provide shelter to any man who requested it. By the summer of 1981 when the case had come to trial, the city had already opened two shelters, one holding about 650 and the other 400. A compromise was reached on that case that summer: The plaintiff's requirement that shelters be community based was dropped with the city arguing that community opposition would make this plan nearly impossible. In return, the city agreed to supply all applicants with shelter of a quality to be mandated by the courts.

In 1979 the city provided a total of 1,700 beds for homeless men. As a result of this legal victory and constant vigilance by the National Coalition for the Homeless, the number of beds tripled by 1984. After the consent decrees were signed, operating costs for New York City's homeless program, shared equally by the state and city, climbed from $7 million in 1978 to $53 million in 1984.[3] Hayes and others have since broadened the campaign to include women, the mentally ill, and families.

Other successful legal challenges have focused on additional rights of the homeless. In Philadelphia, the right to shelter was established when a judge ruled that the city "shall make available shelter to meet the needs of all homeless persons not otherwise provided for." A similar ruling called for emergency shelter, food, and medical assistance for the homeless in West Virginia.

In 1984, New York State Supreme Court ruled that hotel rooms used by New York City to shelter the homeless did not meet minimal standards of providing shelter. And a lower court found the city's emergency housing for families with dependent children unacceptable and has required compliance with minimum standards.

The right of those homeless or living in shelters to vote was upheld by New York courts. In Los Angeles, the county's refusal to offer shelter to homeless persons who lacked documentation of their identity was struck down.

In Hoboken, N.J., a court held that zoning power may not be constitutionally used, under the first amendment, to preclude a church from exercising its religious function of providing sanctuary for the homeless. In another church case, the court held in Kingston, N.Y., that the use of a church basement as a shelter is a religious "accessory" permitted under local zoning ordinances and, further, that a shelter has a religious purpose that is constitutionally protected from government restrictions unless a "showing of direct and immediate adverse effect on the health, safety, or welfare of the surrounding community is made."

The first referendum establishing the right to shelter was passed by a substantial margin in November 1984 in the District of Columbia D.C. Overnight Shelter Act, requiring that the district government provide overnight shelter to any resident of the city who requested it. However, the district government has since been successful in getting the act overturned by the courts, citing a city charter provision that prohibits the obligation of city funds through a referendum initiative. Specifically, the act was criticized by opponents for the potential costs, with estimates of up to $63 million annually and the problems anticipated in enforcing a provision that exempts the city from sheltering persons who come into the District expressly for shelter. Proponents of the referendum criticized the relatively limited range of services to be provided—essentially food and shelter.

Meanwhile, the numbers of homeless keeps growing. More people are asking: Who is responsible? Who can be held accountable for the drastic increase in the numbers of people on the streets and in the shelters? Who is going to remedy the situation?

Annie O.

WHO'S RESPONSIBLE

Johnny M. has lived on the streets and in the shelters of Boston for four years. The youngest of four siblings in a lower-middle-class family, Johnny spent most of his adolescent years in an institution for the mentally retarded. He remembers washing dishes, going to classes and looking forward to the visits of his mother and older sister. When he turned 16, he moved back home and spent time watching television and puttering in the garden. Ten years later his older sister died suddenly, and Johnny had a "nervous breakdown." He became terrified of dying, he cried constantly, and his thoughts became confused. Because he was unable to care for himself, he was involuntarily committed to a state hospital, where he remained for the next eight years. He became very attached to a social worker whom he saw twice a week for therapy.

Although the hospital had become Johnny's home, he was discharged at the height of deinstitutionalization into a single-room-occupancy hotel. His father had died, his mother was in a nursing home, and neither his remaining sister nor his brother could afford to support him. Within six months he had lost contact with the hospital. Johnny was forced out of the hotel when it was converted into condominiums; unable to find a room he could afford, he roamed the streets for several months until an elderly woman and her daughter took him into their rooming house.

When the daughter died unexpectedly of a stroke, Johnny became depressed, thought the other residents were trying to harm him, and grew increasingly belligerent. His landlady evicted him. Without resources or supports and with an incipient psychosis, he ended up homeless. Resigned to street life, he now spends his days walking endlessly, foraging in dumpsters. Occasionally he collects bottles, sells his blood for transfusion, or takes part in medical experiments to make pocket money. Itching from lice, wearing tatttered clothes, and suffering from cellulitis from one leg, he feels lucky that he can depend on an evening meal at the shelter and that on most nights he has access to a bed.[1]

No one, it seems, wants to assume full responsibility for helping the homeless. "The federal government," Hayes says, "would like to pin most of the responsibility on state governments, people that dump mental patients out of the hospitals without bringing resources into the community. State governments say homelessness is not a function of pathology but of poverty, and that is right. City governments will invariably find a state government to blame for homelessness because of the presence of the mentally ill, but they will also blame the federal goverment for insufficient housing policies.

"Many cities have not only aided, they have also abetted, gentrification policies—programs that squeeze out the poor from housing," Hayes added. "In New York City, for example, for years the city paid developers tax levy money or tax abatements to convert units that once were available for poor people into luxury housing." And, too, Hayes says, the federal government is also to blame: "There has been no more radical shift in public policy in this country over the past five years than the shift in federal responsibility to help create housing for poor people."

As for directly helping the homeless, "the federal government has ignored its responsibility to house the homeless," Rep. Vento charges. "The Administration's initiatives have been transparent. It has relied upon the efforts of churches, private charities, volunteers, and ad hoc efforts of local governments to shelter the homeless. These efforts have brought millions of nights of shelter to homeless Americans, but the efforts suffer from the absence of a national policy that could assist providers of shelters."

In October 1983, the Reagan Administration formed the Federal Task Force on Homelessness, headed by Dr. Harvey R. Vieth. Under the auspices of the Department of Health and Human Services, the task force also includes representatives from 15 other federal agencies. Following Reagan's philosophy of limited federal involvement, the task force views homelessness as a "local problem" that "originates at the community level. The focus of

efforts to resolve it must be at the same level. New federal programs are not the answer."

The task force received no specific operating funding in fiscal year 1984, $325,000 in FY 1985, and $325,000 for FY 1986. Essentially, the task force searches through the federal agencies looking for spare clothes, food, vacant tents, clothing, blankets, lumber, buildings, any other surplus materials that could aid the homeless. It has encouraged other agencies to make sure that the homeless who are eligible for any kind of public aid receive it. For example, the Veteran Administration's New York regional office and New York City personnel conducted a search for veterans at shelters and encouraged them to apply for VA disability benefits. And, with backing from the task force, the following services have been extended to the homeless:

- The Department of Housing and Urban Development reported that $77 million in Community Development Block Grant funds had been used to help the homeless in 1983 and 1985, mostly to rehabilitate structures for use as temporary shelters for the homeless; to provide housing and programs for alcoholics; to provide housing for the unemployed or victims of disasters.
- The Department of Defense's shelter program received $8 million in FY 1984; however, only $900,000 was used for two shelters. In FY 1985, eight additional shelters opened in DOD facilities. The GAO reported that "while DOD offered facilities at over 600 installations to 380 communities, local governments generally did not participate because they did not have adequate funds to operate the shelters." Congress budgeted $500,000 for the program in FY 1986.
- The Department of Health and Human Services has encouraged states to find "innovative ways to provide benefits to the homeless while maintaining adequate controls over potential fraud," the GAO reports, such as allowing homeless persons to use the address of a friend, relative, shelter, church, or local welfare office as their "fixed address." In addition, HHS allows three of its block grant programs—the Community Services Block Grants; Alcohol, Drug Abuse, and Mental Health Block Grants; and the Social Services Block Grants to be used for services to the homeless. Other funding that can be used are HUD's Community Services Block Grants and HHS' Program for Runaway and Homeless Youth.

While federal subsidies for housing have been cut back, a substantial amount of monies from other federal programs have been used for low-income housing or shelters, according to economist Kermit Baker. The federal resources that he says were "significant" in the past few years are the Community Development Block Grants, the Urban Development Action Grants, the Rental Rehabilitation Program, and the Rental Housing Production Grants—HUD programs that in the last few years have annually received over $4 billion in funding, according to Baker. Also of importance, Baker adds, are the indirect assistance programs: tax-exempt bonds, accelerated depreciation, and investment tax credits for historic structures.

It seems unlikely that these or any other federal programs will increase significantly in the next few years given the large federal deficit and the attempts to cut back on federal spending by both the Reagan Administration and Congress. As Dr. Vieth said last October, "I'm not here to tell you that we have a major program. We don't. I'm not here to tell you that the federal government is going to create a new program [for the homeless], because I don't think in this [balanced budget] atmosphere that is going to happen."

In the meantime, Congress appropriated a total of $280 million over a three-year period starting in fiscal year 1983 for direct aid to the homeless to be distributed by the Federal Emergency Management Agency (FEMA). This money, however, falls far short of the need; New York City alone is reported to have spent $217 million for the homeless in 1985. For fiscal year 1986, $110 million was appropriated.

For fiscal year 1987, Rep. Vento and Sen. Slade Gorton (R.-Wash.) plan to again introduce into the House and Senate, respectively, measures to provide funding under the HUD appropriation bills to aid the homeless. Besides calling for more funds for FEMA's emergency food and shelter program, Rep. Vento's proposal would provide emergency shelter grants to be distributed to state and local governments and nonprofit organizations. The grants would have to be matched on a one-to-one basis. Both Rep. Vento and Sen. Gorton call for a new demonstration program for transitional housing accommodations.

"Don't expect the federal government to provide all of the funding and expertise that is needed to solve this emergency," Sen. Gorton warned. "The simple fact is that fiscal policies have strained the federal budget to the point that we are no longer able to finance the housing and assistance programs we already have in place—we simply cannot afford to support hefty new federal efforts. The reality is that private sector efforts are going to be imperative if we are going to make headway against the problems of homelessness."

As the amount of federal monies has declined, it is increasingly necessary to form a broad coalition when building and/or operating a shelter, a SRO, or low-income housing—with such diverse players as nonprofit organizations, architects, psychiatrists and social workers, other service providers, religious organizations, with money or materials donated by the private sector or federal, state, or local government. The financing usually is a mixture of grants and below-market rate loans—from state and local housing finance agencies, charitable foundations, private institutions. Also helpful are in-kind services or special exemptions from local government and technical assistance from nonprofit institutions.

In Yonkers, N.Y., for example, a nonprofit developer acquired and rehabilitated a 75-unit SRO hotel, which was structurally sound but damaged somewhat by fire and in need of substantial work. "A program that would successfully carry the costs of acquisition and rehabilitation called for the building to be divided into several special shelters," says Elizabeth Rosenbaum, of Urban Innovations in Stamford, Conn.: a 15-unit community residence, which received a grant from the state; 20 units of emergency shelter for families, the occupants of which receive a per diem rate from the state; and a 40-unit SRO for single adults. The per diem rate for emergency housing is used to offset the deficit of the SRO units. In all, there are 10 different funding sources.

In Los Angeles, the Skid Row Development Corporation runs a transitional house for 36 women and 94 men in the city's skid row area. It is funded by a grant of $1.6 million from HUD and donations by major foundations.

In fact, most of the federal dollars aiding the homeless are filtered through state or local agencies or nonprofit groups. HUD reported in 1983 that states have provided help to the homeless primarily by "passing through" federal funds to local governments. In New York City, $8 million in 1 percent loans from the city has produced 1,190 new and rehabilated SRO units. HUD's Section 8 modernization program has provided funding for 55 SRO units, according to Judith Spektor, former director, the Mayor's Office of SRO Housing, New York City.

The majority of support, though, is handled by private voluntary organizations in cooperation with local governments, according to the General Accounting Office. One extremely successful effort to raise funding for a new shelter was undertaken by the Catholic Church in San Diego. There the Catholic diocese bought an entire block and plans to build a California mission-style building. Funding for the estimated $6.4 million project has been provided by the church and private donations, according to Father Joe Carroll, the program's director. The government will provide one percent of the construction costs. Unique fund-raising methods include "selling rooms" (that will be used by families), with the room to bear the name of the

donor, and soliciting $5 donations to the shelter by direct mail.

State and local governments are also increasing their efforts, due to the magnitude of the homelessness problem, the GAO reports. Until 1983, few states spent significant amounts of their own funds to help the homeless; now several do, including New York, California, Maryland, New Jersey, and Massachusetts.

California, for instance, has three funding programs that can be used for either homeless shelters or low-income housing. The demonstration program for the elderly and handicapped, a direct loan program, can be used for acquisition as well as rehabilitation. The program offers a 30-year deferred payment loan with a 3 percent simple annual interest rate. The loan limits are $15,000 per unit for acquisition and rehab; $5,000 for rehabilitation only; and $1 million for total costs.

The second is a the special user housing rehabilitation program designed for households with very low income. The money is lent to nonprofits or for-profits with the return on investment limited. Designed to make housing affordable by minimizing the debt service and keeping rents low, participants in this program usually need to obtain additional local or private money.

And through the third program, the deferred payment rehabilitation loan program, the state loans money to a local agency involved with SRO renovations. A simple 3 percent interest loan is offered; the payment of interest is deferred for the term of the loan. Since 1978, 553 units have been rehabilitated, with a $165 average monthly rent.

In a study for the National Association of Home Builders, Baker (with Denys-Martin Chamberland and Sally Saltzbart of the Joint Center for Housing Studies of MIT and Harvard University) found that while traditionally the principal form of state support for assisted housing has been tax-exempt bonds, coming into widespread use are new financing programs: rehabilitation grants and loans, rehabilitation tax incentives, mortgage insurance programs, energy conservation loans, and direct interest rate subsidies. At a local level, Baker and his colleagues found many communities turning to a commercial development tax to supplement Community Development Block Grant funds. This tax program requires developers of commercial property to contribute either to a fund that will be used for assisted housing, or provide for that housing directly. These types of programs are also being more widely used by shelter developers.

In addition, local governments can provide in-kind contributions to housing or shelter developers; gifts or write-downs of city-owned land; assistance in land assembly, through powers of eminent domain; assistance in site development; "up zoning" to permit greater density on a site; streamlining the application procedures and processing time for necessary permits; and property tax exemptions or reductions. And, too, Baker found an expanded role for financial assistance from foundations and private industry.

For instance, under a New York City program, a large nonprofit organization acquired two vacant, city-owned, six-story walk-ups, by promising to use one to house families and children on an emergency basis. The per diem rate paid to those homeless families by the city would be used to amortize the rehabilitation of the second building. In 11 years, the emergency housing would revert to permanent housing for low-income people. The city would provide a 1 percent, $2 million loan.

In totally private ventures, the Enterprise Foundation (a nonprofit group founded by developer James R. Rouse) provides funding for low-income housing to community-based organizations. Requirements are that the community-based housing be for low-income families (under $10,000 annual salary), that $250 to $300 a month rents be maintained, and that the local group provide job service, health care, education, economic development, and anti-crime services. To make this type of housing viable, the Enterprise Foundation offers short- or long-

term loans with interest rates ranging from 0 to 7 percent and provides technical assistance and training. Funding is acquired by the foundation through syndication (co-partnerships with other private investors or money earned by the Enterprise Development Co. through its festival marketplaces, like the ones in Norfolk, Va., Toledo, Ohio, and Richmond, Va.). Three other foundations are also providing significant funding for assisted housing: the Local Initiatives Support Corporation, the Ford Foundation, and the National Trust for Historic Preservation.

Overall, the U.S. Conference of Mayors reports that most of the 25 cities it surveyed had a task force, coalition, or other organized group to identify the problems of homelessness, develop and coordinate responses to the problems, and, in some cases, assist in fund raising. Most of the task forces bring together city and other government officials with service providers, voluntary agencies, and sometimes local businesses.

That brings us back full circle to the importance of individuals and groups joining together. "There is a role for the architect, together with the service provider, the service operator, the municipality, and other government groups in building a coalition to stop this epidemic," architect John Philips says.

Psychiatrist Vergare concurs, "We need to bring into play many professional skills ranging from the architect to the psychiatrist with a lot of line workers," in paid as well as volunteer status.

"Given the many and varied facets of the homeless problem," Sen. Gorton said, "it is clear that it cannot be adequately addressed without a partnership between all the various players in this issue. If we limit our corrective efforts to any single portion of this homelessness problem, or if any public or private player fails to contribute its special insight and expertise to solving the problems of homelessness, we will be left with an incomplete solution to the emergency before us."

What can architects do? "First of all, we have to care about it. We have to care about it as people. We must identify the homeless people as individuals. We have to care about it as citizens. We have to advocate a societal responsibility to the plight of these individuals and families. We have an obligation to become a forum on these issues and all aspects of the issue—the economic, the social, the psychological, the political, and the technical," answers Conrad Levenson.

"The most basic task for architects," says Philips, "is determining whether a group's rehabilitation or construction plans are economically and technically feasible." Beyond that, Philips suggests "architects need to bring together all the resouces and the energies and capabilities in the nation to generate housing.... As architects we need to bring our creative abilities to assist in the design and creation of humane housing of all types."

Perhaps the reason why architects should be involved is most eloquently expressed by Levenson: "In city after city, the homeless are gathered in the streets, bused to gymnasiums, armories, and church basements for a night's sleep in spaces jammed with cots. In the morning they return to the streets again to wander in search of warmth, food, or a public bathroom until evening comes. It is now clear that the homeless population is rapidly growing and that the long-term housing solutions will not come next winter or the winters that will soon follow. Quality shelter must be provided. Who more than architects should be concerned and involved in the creation of shelter?"

CRUCIAL CHOICES

In the coldest days of January 1982, Rebecca Smith, age 61, died of hypothermia in New York City. She was living in a rug-covered cardboard box on the corner of Tenth Avenue and West 17th Street. In the days and weeks before her death, the Red Cross had informed police of her living arrangements. Following that, she was approached by Human Resources Administration officials, city social workers, a mobile geriatric unit, a Department of Mental Health outreach team, and a psychiatrist. The psychiatrist declared her an "endangered adult" under the first application of New York's Protective Services Law. She died a few hours before the implementation of a 72-hour protective custody order could take effect.

Rebecca Smith was one of 13 children; she was valedictorian of her class at the prestigious Hampton Institute in her native Virginia. For 30 years, she moved out on the growth and development of her daughter. Rebecca was hospitalized as a schizophrenic and underwent involuntary electro-shock therapy. By her daughter's account, it was a different woman who finally emerged from the hospital. Rebecca came to New York in 1959 to live with her sister. Again she was hospitalized. For the next 20 years, she was in and out of hospitals and clinics. During that time, she was heavily drugged. In 1981, she failed to appear for recertification interviews, and thereafter — having lost her public assistance and other benefits — she lived on the streets.

On a public corner, her human vulnerability to cold overwhelmed her. She was visible — yet not — to countless people. There were repeated efforts of help, official and otherwise. It is telling that, after all of these visits, according to one official, "Little was known about her other than her name." As is so often the case, we learned most about her only after her death. We do not know if she understood these efforts of assistance or not; custody came too late.[1]

By all indications there will be many more Rebeccas before the homeless crisis is resolved. Shelter demand will continue to grow as the already inadequate supply of affordable housing shrinks and the number of people without homes increases. Simply providing emergency shelter, though, is not the long-term answer, but only a temporary Band-Aid on a larger wound. The only lasting cure will begin with adequate, affordable housing.

In the end, the following question must be answered: "What kinds of reforms can be promoted that will permit more housing, cheaper housing, yet safe and dignified housing?" asks Robert Hayes of the National Coalition for the Homeless. "Because the pie need not be so small, but it is small. And the ability to create housing for poor people has almost become, in most cities, a hopeless task. And unless we can get economies of scale and some economies of intelligence, it's going to be a losing battle."

Some suggest that the question of how we house those with little means is not a partisan issue but one that must be examined by all. Andy Raubeson, of SRO Housing in Los Angeles says, "It is my view that if the man from Minnesota had prevailed in the last presidential election, we would also be meeting here today. We would not be meeting with talks about how we're going to use Section 8 or how we are going to use other federal programs. I think we have to seek some new solutions. I don't think that, we as a society, are prepared to house our low-income people as we have in the past — we are talking today about $70,000 per unit for studio apartments."

One housing type coming back into favor is the single-room-occupancy hotel. While not the only appropriate answer to housing the homeless, this type of communal living (ranging from each person having a separate bedroom and sharing a bath and kitchen to each having an efficiency apartment with kitchenette and bath) can provide appropriate, affordable housing for many. As Brad Paul, director, San Francisco North of the Market Planning Coalition, puts it, "In a time when money for large low-income housing programs just isn't available, less space is still less space — but it can be pleasant, affordable, and enriching."

No one is advocating a return to the develop-

ment of large, isolated, anonymous public housing projects, like the Pruitt-Igoe complex in St. Louis that was torn down in the 1970s or Cabrini Green in Chicago that has become a nightmarish ghetto within itself. The trend is toward smaller-scale, community-oriented projects, funded by a variety of sources. For instance, in Baltimore, the Neighborhood Housing Services is sponsoring a "mutual housing" project, an adaptation of subsidized cooperative housing that has been successful in Germany for years. Basically, NHS pays for land and construction costs (new or renovations). Residents make a down payment of a few thousand dollars and then cover monthly maintenance costs of their units. The tenants don't gain equity, but unless they disobey the tenants' rules, they — and their children — are guaranteed lifetime rights to their units.

The Boston Housing Partnership is turning abandoned, tax-delinquent properties — many technically owned by HUD — into affordable housing for low- to moderate-income families. As opposed to old-line subsidized programs, where city hall housing offices assign tenants, most of the new projects function through community development corporations that make sure the housing fits into neighborhoods and is well maintained and policed.

Since funding sources are spreading their limited resources, assisted housing developments are "likely to be smaller scale than in the past," says Kermit Baker, an economist with Cahners Publishing Co. This smaller-scale approach helps to lessen community opposition, as does building on undesirable sites or on sites that contain undesirable leftovers, such as abandoned or dilapidated structures. If larger scale projects are built, they are "typically oriented toward community revitalization," Baker says, such as Quality Hill in Kansas City and Nehamiah Plan in New York City, both of which were built in depressed areas where most of the buildings had been abandoned or demolished and where smaller projects would probably have failed.

In the future, not only will changes be made in types of housing, but financing schemes will continue to diversify. "The more we focus on trying to figure out ways through less than traditional financing mechanisms to give an influx of cash flow into projects to make it economically feasible to renovate buildings and to even attract developers, the less we will have to worry about coming up with temporary, transitional housing," says Elizabeth Rosenbaum. She points to a New York State program where, if a housing developer agrees to set aside a certain number of units for the homeless for a term of five to 10 years, then funding from the state can be used to rehabilitate an entire building. When the term is up, these set-aside units would be converted into low-rent apartments. "The overall result is to pay off the building, stabilize the community, add to the supply of permanent low-income housing, and provide a better environment for housing the homeless," Rosenbaum adds.

However, Baker warns, "with the absence of deep federal subsidies, more and more of the assisted housing will be targeted to moderate income (up to 80 percent of the area median) rather than lower-income households (up to 50 percent of area median)."

"Ultimately, help will have to come from Washington," Hayes believes. "Meanwhile, as year by year we have more homeless men, women, and children, I think that local and state governments cannot be taken seriously by their constituents if they kneel down and throw their hands up and decry the federal government's lack of responsibility and do nothing themselves."

Other housing experts are predicting a "rental housing crisis" in the late 1980s. Mary K. Nenno, of the National Organization of Housing and Redevelopment Officials, and Cecil E. Sears, of the Urban Land Institute, argue that "the future of rental housing is clouded and uncertain. ... Overcoming affordability, particularly for low-income households, depends on adequate income assistance and a reinstatement of construction in federally-

subsidized housing assistance programs at increased levels. Currently [1989], HUD programs are funded at a limited level of 100,000 units per year, about 80 percent of which are certificates/vouchers for use in existing housing. This is hardly responsive to the 14 million renter households in deficient housing or with a high rent burden. An intensive program of rehabilitation of existing rental housing will be required if any program of welfare shelter allowances, housing certificates or vouchers, is to be effective."[2]

Currently, the Reagan Administration's answer for low-income housing assistance has been to switch to vouchers for rendering shelter on the private market. Under this voucher program, the Administration contends housing assistance will be provided to families at about one-third the cost of new construction. In addition, the Administration maintains the voucher system will give families or individuals the flexibility to move where the jobs are and still retain housing aid.

The voucher system operates like HUD's Section 8 existing certificate program that has been in use since 1975 by providing a rent subsidy for lower-income families to help them afford decent housing in the private market. HUD makes up the difference between what a lower-income household can afford and the fair market rent for an adequate housing unit. No eligible tenant will pay more than 30 percent of adjusted income toward rent, and there is a cap on how much money can be provided to each recipient.

The Administration's budget for 1987 ends the production of subsidized housing for low-income families and make vouchers virtually the nation's only newly funded housing program. Congress, however, has rejected similar proposals for FY 1985-1989, although Congress did agree in the FY 1986 budget to a limited demonstration program.

That five-year, $1 billion demonstration program began in San Antonio in the spring of 1989 and will eventually be expanded to 20 cities and states. Administration officials would like to see the vouchers replace virtually all federal assisted housing programs by 1990, the *New York Times* reported in June 1989.

Critics of the voucher system, such as housing expert Cushing Dolbeare, charge that once widely used, "the vouchers would force up the market price of housing and reduce their own value in the process," in Dolbeare's words, an assertion that a HUD official called "just not true." Others look to the beginning of the next decade when the adoption of a five-year voucher system for assisting low-income renters, coupled with drastic reductions in budget authority approved in recent years will lead, they say, to a major crisis in the inventory of existing assisted housing.

The National Low Income Housing Coalition has, in fact, warned that the Administration's proposed voucher system and its shortening of the traditional 15-year contract term to five years will "spell disaster for low-income recipients of the aid," in the words of Barry Zigas, director of the National Low Income Housing Coalition. "The Administration's budget and housing policy recommendations taken together spell nothing but an increase in homelessness. At a time when we should be consolidating the supply of affordable housing for low-income people, these proposals would sharply curtail what we've already invested in to protect low-income families," he continued.

"Almost no new housing is being built for low-and moderate-income households. Social pressure will build through the latter 1980s for restoration of government supported housing for lower-income housing," concludes the Real Estate Research Corporation in Chicago.

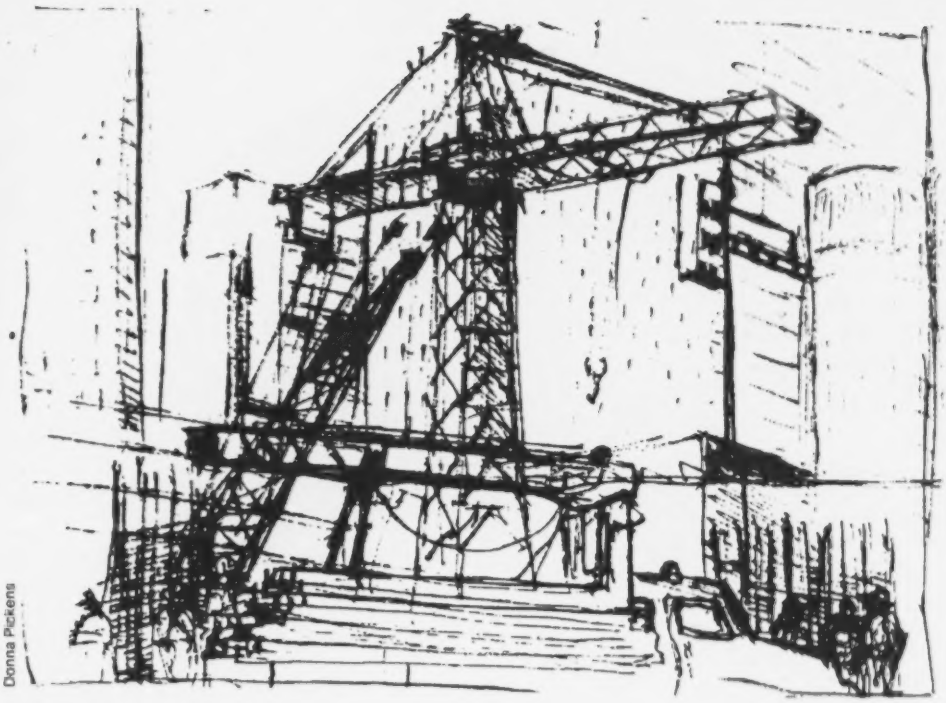
And while the debate widens over whether housing should be provided for those with little or no means, there is also the need to examine the social and medical services necessary to help the most destitute and the most disabled among the homeless gain as much independence as possible, as well as those less debilitated.

For the chronically mentally ill that would entail "carrying out the aborted plans of the 1963 community mental health law," psychiatrist Ellen Bassuk maintains. "The community mental health movement failed primarily because the federal and state governments never allocated the money needed to fulfill its promise," she adds. "American society is currently trying to solve the problem cheaply, giving the mentally ill homeless, at best, emergency refuge and at worst no refuge at all. The question raised by the increasing number of homeless people is a very basic one: Are Americans willing to consign a broad class of disabled people to a life of degradation, or will they make the commitment to give such people the care they need? In a civilized society the answer should be clear."

Ultimately, we need to ask ourselves: Will we tolerate a growing number of homeless, of men, women, and children struggling to live without permanent shelter? Can we allow homelessness even for the short term? Do we need to reinstate our commitment to providing decent, affordable housing to those with little resources?

More of us may be beginning to ask these questions. "It seems that more and more people are recognizing homelessness as something bad," Hayes says. "And more and more people are recognizing homelessness as something that we the people through the government must deal with.... If there is any promise of a turn around in homelessness, which would necessitate a turn around in public resources going into housing poor people, it will be because 51 percent of the American people have said, 'Enough.'"

Always, when considering the alternatives, one has to come back to the individual homeless man, woman, or child, to the human being that has to endure mental and physical anguish in a desperate search for shelter, for a permanent home—they are wasted lives in a sea of plenty. Perhaps George Bernard Shaw was correct when he wrote in 1901: "The worst sin towards our fellow creatures is not to hate them, but to be indifferent to them: That's the essence of inhumanity." □



Donna Pickens

CASE STUDIES

Shelters for the homeless vary significantly in their design and services. The most basic is a roof over one's head, a meal, perhaps a shower; the most elaborate is a special needs group home or a single-room-occupancy hotel.

That diversity is illustrated in the following case studies of homeless shelters and longer-term residences. While some shelters may not seem very sophisticated in either design or services, most, if not all, seem genuinely concerned about treating their guests with a "sense of dignity" — respecting each homeless person's need for privacy, clothing, food, a warm place to sleep, clean bathroom facilities.

The majority of these shelters are in older buildings, some of which are renovated. However, a growing number are in newly constructed buildings, with funding coming from individuals and corporations, foundations and churches, and local, state, and federal governments.

The 33 case studies presented here are divided into three categories: emergency shelters, special needs/transitional shelters, and long-term housing. Sometimes, shelters are so unique or offer such an unusual blend of services that categorical distinctions are hard to make. Nonetheless, the basic definition of each type follows.

Emergency shelters operate on a first-come, first-served basis, usually opening in the early evening. Some shelters provide lockers for guests' belongings; most have adequate bathroom facilities; most limit the number of nights a person can stay; many serve at least one meal, but that meal can range from sandwiches to a more substantial hot dinner; few offer services beyond basic referrals. These shelters can range in size from five to 300 or even larger; 200 to 300 hundred is thought to be the maximum desirable size, although some service providers disagree.

Special needs/transitional housing can take a variety of forms. Transitional housing most often provides shelter for three to six months or longer, to families or single men and women who are ready to move back into the mainstream of society, but who cannot find affordable housing. Accommodations range from dormitory living — the norm in emergency shelters — to private or shared apartments.

Special needs housing is, as the name implies, for persons who are homeless due to special circumstances and who have special needs when homeless — youths aged 18 to 21, young mothers with children, abused women, the chronically mentally ill, among others. For these groups, emphasis is placed upon teaching each individual skills that will help that person lead a more independent life.

Long-term housing ranges from group homes to single-room-occupancy units. Although significant variations exist, typically each resident has a private or shared bedroom. Bathrooms, kitchens, living and dining rooms are shared. These establishments can be designed for a certain type of resident — say, the chronically mentally ill. Or they can be open to any individual looking for very low-rent housing.

The case studies presented here offer a brief glimpse of how the homeless are being admirably housed and cared for. What is not seen here is how badly some of the homeless are being treated in many places in the country. For those homeless, the only refuge is a public (occasionally a private) shelter so massive, inhumane, and frightening that in the end many of those homeless prefer to wrestle with the dangers of living on the streets.

But even with admirable shelters, like the ones shown here, where homeless people are offered a chance to improve their lives, questions still need to be asked: What is the appropriate size for a shelter? What services should be provided? Should any building or program standards be mandated? Who should provide shelter? These questions lead to perhaps the hardest one to answer: In our efforts to help the homeless, are we institutionalizing homelessness — are we creating new "almhouses" for the most destitute in our society? Should we instead aim to provide decent, affordable, permanent housing and appropriate services?

EMERGENCY SHELTERS

THE NEW SAMARITAN HOUSE

Denver, Colorado

Most emergency shelters are located in older buildings—schools, warehouses, abandoned housing; some have been rehabilitated, others have not. One notable exception to the rule will be the New Samaritan House when it opens later this year. Designed by the Denver architecture firm Baker, Rinker, Seacat & Partners, the shelter will be a "warm, welcoming, secure environment that provides a sense of dignity for the guests," according to the architect.

Owned and operated by the Catholic Archdiocese of Denver, the New Samaritan House will offer single men and women, families and children refuge for 30 to 60 days. Job counseling, psychological counseling, information on community resources, day care, food, and clothing will be available.

In developing this shelter, the Archdiocese emphasized the need for a non-institutional environment. "It has been long known that our physical environment has a direct bearing on our sense of well-being," suggests Father John V. Anderson, the project's director. "Those who enter the doors will receive the opportunity to find employment, the chance to reassert the self dignity that comes with once again being a part of the mainstream. Caring for the homeless has much more significance than merely providing shelter for them in their days of need. For what this basic act of decency does is show them that someone truly cares enough to value them as individuals."

In the three-story, 42,443-square-foot, newly constructed building, the single men and women will sleep in bunk beds in dorms on the first floor—an "efficient and economical way of housing large numbers of people" (in this case, 125 men and 50 women), according to the architect. The spaces will be broken into smaller units to foster "interpersonal bonding" and simulate a "family" environment.

The families and teenagers will be housed on the third floor, the layout of which is modeled after the single-room-occupancy hotel, where individuals have separate or shared bedrooms and shared bathrooms and kitchens.

The second floor will be the "community" gathering place, with kitchen, dining room, and lounge overlooking an outdoor courtyard. The courtyard was placed at this level so guests could go outdoors after the shelter's main doors are closed in the evening. The courtyard will double as a secure outdoor play area for children during the day.

In Denver, as in other cities, public support of a shelter often depends on its location, size, and design. Located in a transitional area downtown, the shelter was "designed to be a good neighbor," in the architect's words, by emulating the materials, style, and massing found on neighboring buildings. In addition, the receiving area will be large (1,800 square feet) so that guests will not have to wait in line in front of the building to enter in the evening.

Regardless, the project has been controversial, with a major dispute centering around a city zoning ordinance that limits the number of homeless shelters in a given neighborhood. Since other shelters are within a specified distance from the chosen site, the Samaritan House could be built there only if

defined as an "institutional" building rather than an emergency shelter. This was possible because Samaritan House will allow guests to stay 30 to 60 days.

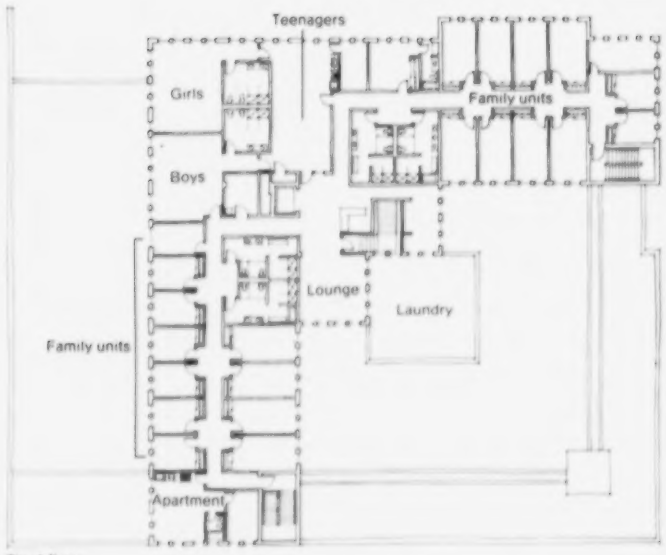
Neighborhood opposition also surfaced when a petition for alley vacation was filed. That issue "became another opportunity to block the project," according to Mark McCormick, the project architect.

Local building codes have been another roadblock, since shelters are not included in existing occupancy classifications. As a result, McCormick says, the New Samaritan's plans were subject to "extreme interpretations of the code," which lead to increased building costs as well as "lengthy and often frustrating attempts at negotiation with building officials."

The biggest difficulty in building new shelters, though, is the cost, which can be twice as much or more than renovating an older building. In the New Samaritan's case, the $3.5 million construction cost was contributed by private individuals, foundations, and corporations. The Catholic Archdiocese purchased the land.

When the Samaritan House opens, the Archdiocese anticipates additional contributions:

- Seventy-five percent of the food will be donated by grocery stores and other sources. The shelter is also associated with the Colorado Food Clearing House, Colorado Food and Nutrition, and Community Food and Nutrition, organizations that distribute donated food.
- Clothing will be given by private individuals as well as local retail outlets.
- Health services will be provided by the Stout Street Clinic, which is funded by the Robert Woods Johnson Foundation.
- Day care will be provided by the Curtis Park Community Daycare, which is funded by the City of Denver.
- A variety of welfare service programs will be offered by the Denver Department of Social Services.
- Volunteers will help operate the shelter. Media attention has assisted in increasing the numbers of volunteers.



Third floor

Second floor

First floor

PROJECT SIZE
130-bed dormitory for single men
6,400 square feet
50 square feet per person
50-bed dormitory for single women
2,560 square feet
50 square feet per person
13 family rooms with 4 beds each
200 square feet
50 square feet per person
9 family rooms with 3 beds each
150 square feet
50 square feet per person
Teens' quarters (sleeping, bath, lounge)
25 beds in 2,000 square feet
80 square feet per person

TOTAL AREA 42,443 square feet

Residential spaces — 14,910 square feet
Common spaces — 11,263 square feet
Anciliary & circulation — 16,270

CAPITAL COSTS
Land purchase — (costs unavailable)
General construction — $2,957,028
Landscaping — $75,000
Tap fees — $20,000
Soils preparation — $75,000
Soils engineer — $5,000
Survey — $2,500
Furnishings & equipment — $108,000
Architect/engineer fees — $270,000
TOTAL $3,504,528

ANNUAL OPERATING COSTS
Staff salaries — $394,000
Food purchases — $70,000
Security services — $16,000
Building utilities — $53,700
Maintenance — $80,000
Office supplies — $5,000
Automobile — $7,000
Insurance — $10,000
Dues & subscriptions — $3,500
Audit — $4,000
Other — $5,000
TOTAL $659,000

The New Samaritan House
The Archdiocese of Denver
Denver, Colo. 80206
Contact: Father John V. Anderson
(303) 388-1411

Architect: Mark McCormick
Baker, Rinker, Seacat & Partners
2546 Fifteenth Street
Denver, Colo. 80211
(303) 455-1366

CENTRAL ARIZONA SHELTER SERVICES

Phoenix, Arizona

In the early 1980s, Phoenix was known for its harassment of homeless persons. City ordinances prohibited the lying down in public places and declared garbage to be city property. Both activities were punishable by imprisonment or a fine, or both. Now, however, those ordinances are no longer in effect, and Phoenix is slowly taking steps to help the homeless. The development of the Central Arizona Shelter Service (CASS) emergency shelter is an example. CASS, however, is still the only emergency shelter for the nearly 4,000 homeless people in the Phoenix metropolitan area.

CASS has several parts: a building that houses 55 women and 80 men; an annex housing 250 to 300 men; and an outdoor area just south of the shelter where up to 400 people can sleep. A special section of the shelter is also set aside for employed men.

"While those of us who consider ourselves advocates for the homeless population did not get all we had hoped for—a new facility—we were able to rally around the design program and work closely with the city to assure that the crucial design issues were dealt with in the renovation," says design consultant Fred Karnas.

Over 30 social service providers and homeless persons were involved in the design process. As a result, most potential operational problems were resolved, and a broad coalition in support of the shelter was formed, Karnas says.

The main building is located in a renovated warehouse and contains the men's dormitories; counseling offices; day room; activity room; reception, supervision, and waiting areas; and a warming kitchen. The second floor contains the women's dormitory, an activity/TV room, offices, and an activity/dining room.

The renovated warehouse is about 10 blocks from the center of downtown in an area of low-income, multifamily housing mixed with light industry and warehouses. The main CASS building and the land are leased by Maricopa County to the City of Phoenix, which in turn leases both to CASS for a $1 fee per year. The annex land is leased

by the city for an additional $1.

Serving all segments of the homeless population (women, men, children, and families), CASS considers itself the first step in a three-tiered system. It provides preliminary evaluations of the health, psychological, entitlement, and employment needs of the guests. The goal is to help each person find affordable permanent housing as soon as possible, as well as maintain that housing once found.

CASS is a private, nonprofit organization formed specifically to manage the emergency shelter. Its board represents a broad cross-section of the community — elected officials, developers, businessmen, religious leaders, social service providers, and homeless advocates. Its charter is to "provide for the emergency needs of the homeless in Maricopa County in a safe, secure, and humane environment; to facilitate the opportunity for the homeless of Maricopa County to achieve a maximum of self-sufficiency and economic independence; to continue to develop and sustain a broad base of community involvement in efforts to alleviate the problems and causes of homelessness; and to cooperate in the development of a continuum of services required to meet the chronic problems of homelessness." With the aid of the Consortium for the Homeless and the Robert Wood Johnson Foundation, the homeless can obtain, in addition to emergency shelter, health care, job counseling, meals, mental health counseling, and numerous other services on the site or within a few blocks.

Although Phoenix is making progress in meeting its obligations to shelter homeless persons, Karnas feels there are still two critical concerns: "the need to develop a stable, ongoing source of funding for the emergency shelter and then to move beyond the emergency needs and address the critical need for transitional and long-term housing.... The issue of affordable housing is almost overwhelming in its complexity." Karnas says. "Currently efforts in this community to address the problem are very limited."

PROJECT SIZE
Total area of residential space:
- Men's dormitory — 3,320 square feet
- Women's dormitory — 3,814 square feet
- Annex — 6,398 square feet

Total gross square footage of shelter:
- Main shelter — 21,000 square feet
- Annex — 16,500 square feet
- Clinic — 7,000 square feet

CAPITAL COSTS
Outdoor shelter property — $558,000
Outdoor landscaping — $110,000
Annex property — $120,000
Remodeling — $280,000

OPERATING COSTS
(1985-1986)
Personnel & ERE — $421,200
Professional fees — $14,000
Fund raising — $15,000
Printing — $1,500
Office/postage — $2,500
Telephone — $4,800
Rent — $60,000 (in kind)
Utilities — $55,000
Upkeep/repairs — $12,800
Program expenses — $12,000
Equipment & maintenance — $1,100
Transportation/meals — $2,000
Conferences — $2,000
Vehicle expense — $5,000
Insurance — $25,000
Food — $80,000 (in-kind)
Memberships — $200
TOTAL $715,700

CASS
Central Arizona Shelter Services, Inc.
1201/1209 W. Madison
Phoenix, Ariz. 85007
Contact: Mary Orton, Executive Director
(602) 256-6945

Design Program Consultant:
Fred Karnas Jr.
General Program Director
Community Council
1515 East Osborn Road
Phoenix, Ariz. 85014
(602) 263-8853

PINE STREET INN

Boston, Massachusetts

Charles Dawes, who was later to become vice president in the Coolidge Administration, opened the Dawes Hotel for Men in 1916 to provide decent lodging and "gentlemenly" care to poor and penniless men. It was in this same building and in the spirit of the Dawes Hotel that the Pine Street Inn opened in 1973 as a nonprofit organization serving the homeless.

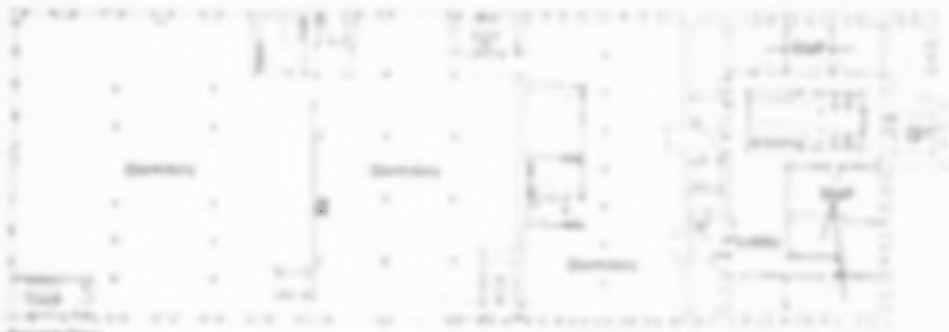
By the mid-'70s, the Inn faced relocation, when the Boston Redevelopment Agency began the South Cove Renewal Project. After investigating several potential sites, the Boston-based architecture firm of CBT/Childs Bertman Tseckares & Casendino Inc. selected a parcel containing a tower structure and three adjacent manufacturing/warehouse buildings in Boston's South End. The tower, which resembles the Palazzo Vecchio in Florence, is a prominent visual reference point, one that now serves "as a beacon for people in need of shelter."

The yellow brick, landmarked building, with its 156-foot-tall, 1892 Italianette-style tower, served as the headquarters of the City of Boston Fire Department until 1957. The tower was designed in the late 1800s by city architect Edmund Wheelwright for "ladder practice, fire lookout, and fire alarm purposes," according to the city register.

In the late '60s the firehouse was used as a warehouse and factory. Inadequately maintained, the structure deteriorated, was abandoned, and in 1973 was condemned as unsafe.

Under the direction CBT, the firehouse and three warehouses were completely renovated and interconnected to provide 70,000 square feet of space for Pine Street Inn's staff and guests — a bed capacity of 300 men and 50 women. On frigid winter nights, the numbers often exceed 350, with guests sleeping in the lobbies, or wherever else there is room.

In the renovation, the interiors of the four buildings were gutted and redesigned. New mechanical and electrical systems were installed. Beams and brick walls were exposed where possible, and windows were replaced.



The ground level now houses the most public and communal spaces—the women's lounge and dining area, two separate men's lounges and dining areas, a large kitchen, a small clinic, the donated clothing room, and a 15-room women's dormitory. The upper three floors are predominately dormitory space and single or double rooms for staff, with additional staff rooms on the top level of the tower. Approximately one-quarter of the acre site has been landscaped for two separate, enclosed parks—one for women and one for men.

The Pine Street Inn is a basic care shelter, providing food, clothing, clinical care, showers, and beds. It's purpose is to "ensure the survival of its guests," who otherwise would be "struggling or dying on the streets." This is accomplished through "acceptance and respect for each individual" who visits Pine Street Inn.

The renovation and site improvements cost $2.2 million, with $2 million from the Handicapped Housing Program of the Commonwealth of Massachusetts. The complex is owned by the Boston Housing Authority and leased back to the Inn.

Pine Street Inn
444 Harrison Ave.
Boston, Mass. 02118
Contact: Roy Morrison, Rand Bailey
(617) 482-4944

Architect: CBT Associates
300 Dartmouth St.
Boston, Mass. 02116
Contact: Doug Fisher
(617) 262-4354

POVERELLO CENTER

Missoula, Montana

In Montana's Missoula County (population 79,677), there are two shelters serving the homeless population: the YWCA's battered women's shelter and the Poverello Center that provides shelter to all who are "in transit" — women, men, children, families. The center is "home" to many, a "place where the homeless are cared for."

The shelter is currently in a turn-of-the-century house. However, plans are being made for a building on a 180x130-foot site close to the center of town, near the county welfare building, the police station, and the railroad. The new facility will have 30 beds for men (in a dormitory space), 9 beds for women (in separate units), and two units for families. The residential space will be 1,188 square feet in a 19,200-square-foot building. Most of the first and second floors will be occupied by day-time services, such as a food bank, clothing room, and activities lounge.

Poverello Center is an ecumenical ministry that is supported by churches in the community and surrounding areas as well as donations from individuals, grants from private organizations, and monies from government entitlement programs. The center participates in the state's Human Resources Division workfare program to help people in transit earn enough to pay rent and eventually obtain permanent living quarters.

The guiding philosophy of Poverello Center is: "To extend to our fellow man love and concern in his hour of need, so that each man may know that truly we are all brothers regardless of race, color, or creed..... To provide a warm meal six days a week, clothing, groceries, overnight shelter, and 'spiritual' guidance when needed and desired..... To involve all people in the community regardless of faith, in an effort to demonstrate through Christian action that people do care and do recognize that the unfortunate can be powerless to help themselves..... To coordinate with other social agencies. In dealing with people's problems, it is important to establish positive contact with other programs established in the community."

67

PROJECT SIZE
Number of beds:
80 beds for men
9 beds for women
3 family units
Residential space:
100 square feet per person
Total area of residential space:
1,100 square feet
Total gross square footage of shelter:
19,200 square feet

COSTS
Capital cost: $900,000
Annual operating cost: $300,000

Poverello Center
535 Ryman Street
P.O. Box 7644
Missoula, Mont. 59807
Contact: Anne Kovis, Director
(406) 728-1809

BROADVIEW EMERGENCY SHELTER

Seattle, Washington

Established by the Fremont Public Association and the Seattle/King County Emergency Housing Coalition in response to the growing need for additional emergency housing, the Broadview Emergency Shelter originally was in a vacant public school.

When the city repossessed the school, the shelter moved into vacant units in an apartment building, the rest of the units being low-income housing. Working closely with the City of Seattle and the Seattle Housing Resources Group, FPA was able to purchase the Englewood Apartments with funds provided by both groups, as well as tax-exempt financing from the Seattle Housing Authority with Rainier National Bank.

Initially, 40 women and children will be housed in 13 units. As other units in the apartment building are vacated, the shelter plans to expand to 65 women and children in 23 units. The average stay is three weeks.

Services include directional counseling, crisis intervention, advocacy, information and referral, employment assistance, emotional support groups, and self-help workshops.

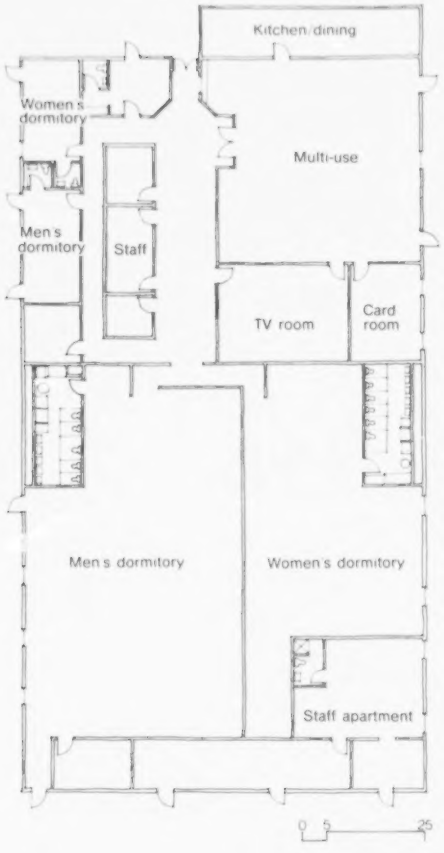
The Fremont Public Association is a nonprofit community organization that provides a variety of social services and community projects to "further the fight against poverty, which is the result of an individual's lack of resources, and the community's lack of common identity."

The FPA believes that the Broadview Emergency Shelter is an "urgently needed program." The Seattle/King County Emergency Housing Coalition found that in November 1985 some 3,700 people had been turned away from shelters in the county primarily because of a shortage of space. Of those, 75 percent were believed to be women and children, with the majority of the children under the age of six.

Broadview Emergency Shelter
420 Terry Avenue
Seattle, Wash. 98104
Contact: Mark J. Santos-Johnson
Program Coordinator
(202) 622-4933

BROTHER FRANCIS SHELTER

Anchorage, Alaska



Before October 1983, the majority of the homeless in Anchorage lived in makeshift plastic tents and shelters on Alaska Railroad property—a perilous, if not fatal, situation on frigid winter evenings. Now, 200 women and men find refuge at Brother Francis Shelter, located eight blocks from Anchorage's downtown business district. The shelter is the direct result of the community's concern over increasing numbers of homeless people freezing to death on the city's streets.

What is now a successful private/public partnership had its beginnings when the Archbishop of Anchorage invited two brothers of the Servants of Christ, from Spokane, Wash., to come to Anchorage to lay the foundation for the shelter. The Catholic community was then joined by Anchorage community and municipal groups. This support continues; approximately 90 percent of the funding for Brother Francis Shelter comes from the community.

The 200-bed shelter is in a renovated municipal warehouse. Basically, the space was divided into two dormitories—one for men and one for women, with a storage area, staff facilities, a multipurpose room, dining and kitchen area, TV room, and card room.

The building is owned by the city and rented to Catholic Social Services for $1 per year. The renovation cost $500,000. The Anchorage community provides financial and material support, including food and clothing. Several church groups and individuals prepare and donate 150 sandwiches daily. ARCO Alaska provided a grant to initiate a jobs program for the residents. Local physicians and other community professionals contribute their services. Annual operating/service costs are $210,000.

Residents check in by 10 P.M. and leave the building by 7 A.M. after housekeeping chores are completed. People who were formerly homeless and community volunteers serve as shelter manager and staff. Some shelter residents provide community service by picking up litter from city streets; others do odd jobs for the municipality, private

businesses, and city residents.

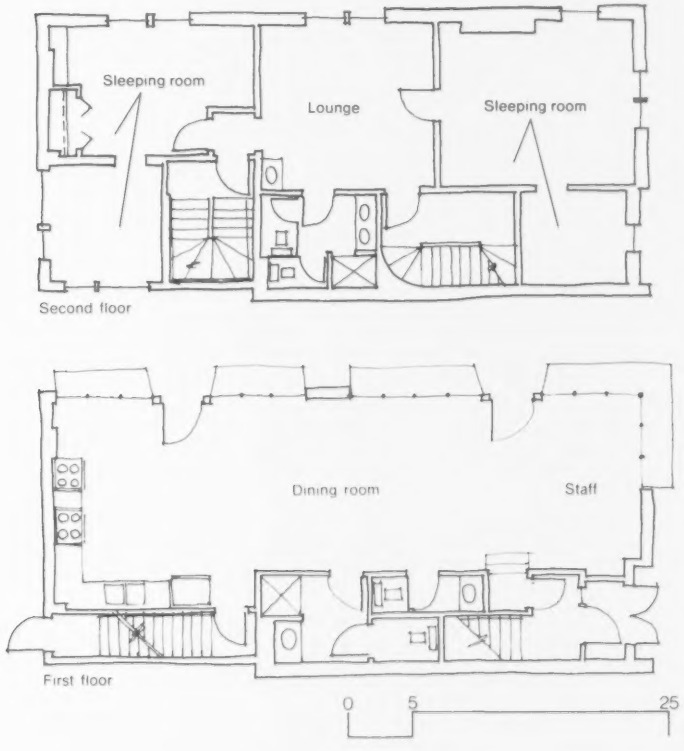
Attendance at the shelter's religious services is voluntary. The shelter provides weekly Alcoholics Anonymous meetings, personal guidance, and substance abuse guidance.

Overall, the Brother Francis Shelter strives to respect the dignity of each individual. This is exemplified in the shelter's invitation to "guests" to volunteer to work in the shelter or in the community, which the organization believes "helps enhance the dignity of the homeless individual as well as their visibility in the community."

Brother Francis Shelter
c/o Catholic Services, Inc.
1021 E. Third Avenue
Anchorage, Alaska 99501
Contact: Jim Caldarola
(907) 277-2554

JOSEPH'S HOUSE & SHELTER, INC.

Troy, New York



Located in an historic business/residential district in downtown Troy, N.Y., Joseph's House and Shelter can accommodate up to 24 people, about half the total number of shelter beds in that city. When it first opened in March of 1983, the shelter housed 14 people a night, expanding to 24 after the building's state-funded renovation in 1985.

Joseph's House and Shelter offers a "non-judgmental, secure haven where each guest's dignity and worth are recognized and respected," in the words of Shelly Nortz, the shelter's director. The staff serves as advocates for the guests as they seek aid from community agencies. However, the shelter policy is to not "force services on our guests unless they pose a serious threat to others or themselves.... Enabling homeless people to make their own choices is essential."

The shelter is staffed after 10:30 P.M. by two trained volunteers. Paid staff provides emergency backup service. The organization also has a paid "lifestyle enabler" who "aids guests in pursuit of their goals."

Private financial support for the shelter has been very strong. In addition, other private and some public agencies have also begun to address the long-term needs of the homeless in the Troy area. The long-term goal is to increase the availability of affordable, safe housing for low-income persons.

COSTS

Capital costs:
- Building purchase — $16,000
- Renovation — $62,000
- Equipment — $5,000
- Furnishings — $3,000

Operating Costs: $26,000
Service Costs: $46,000

Joseph's House & Shelter, Inc.
1 St. Paul's Place
Troy, N.Y. 12180
Contact: Shelly Nortz, Director
(518) 272-0793

Architect: TAP
406 Fulton
Troy, N.Y. 12180

BALONEY JOE'S
Portland, Oregon

Located in a renovated warehouse in Portland's skid row area, Baloney Joe's is the only emergency shelter in Oregon that also provides food, employment and psychological counseling, clothing, and dental and medical care on site. Affiliated with the Burnside Community Council, Baloney Joe's guiding principle is that "attention to employment training and placement, mental health counseling, and overall health must be undertaken, or we risk consigning the homeless to a permanent state of homelessness."

Baloney Joe's has been successful in gaining support from the private sector in Portland. For instance, local trade unions and businesses donated $40,000 to $60,000 of labor, materials, and money to renovate one section of the shelter to accommodate 50 additional beds. The organization's 1985 Christmas appeal raised $67,015. Funding from the United Way and support of Mental Health Services West and the State of Oregon employment counseling program help sustain the program.

PROJECT SIZE
Number of beds: 149
Residential space per person:
94.5 square feet
Total residential space:
2,147 square feet
Gross footage of shelter:
2,241 square feet

COSTS
Capital costs:
Rent, 1986—$30,600
Renovation expenses—$15,000
Annual operating costs:
$15,000, 1986 projection
Annual food program:
$44,071, 1986 projection
Annual shelter staffing:
$118,824, operational budget
$19,686, casework project

Baloney Joe's
313 E. Burnside
Portland, Ore. 97209
Contact: Michael Kaplan, Gene Ediger
Burnside Community Council
(503) 231-7158

BURNSIDE PROJECTS NIGHT SHELTER

Portland, Oregon

Located in the same area of Portland as Baloney Joe's, Burnside Projects' night shelter accommodates up to as many as 114 men and women. Open year round, this shelter is the largest in Portland and offers a variety of services beside basic shelter.

Burnside Projects has eight distinct programs in close proximity to each other: the emergency night shelter; the clean-up center, a major public shower for indigent persons in Multnomah County that provides hot showers, clean clothing, and delousing medication; a outpatient alcoholism treatment program, including job development services; alcohol free housing for 28 people in the former Everett Hotel; mental health services; corrections services; low-income energy assistance program; and money management and check co-endorsing.

The emergency shelter's goal is to provide "a safe, clean, and supervised setting for homeless people to escape from the streets, the doorways, and under the bridges." Located in a building that was renovated in 1984, the men sleep on cots in a dormitory space that houses 91. Other men and the women sleep in smaller rooms. And 25 people sleep across the street in the shelter's "annex." The rest of the building contains counselor offices.

A counter placed in the center of the men's dorm becomes the food service area by day and turns into a partition separating the manager's observation space from the guests in the evening. Church groups and other volunteers cook and serve dinner to an average of 114 persons per night.

Overall, the Burnside Projects philosophy is explained as follows: "We believe that every homeless man and woman has a right to basic shelter and food and deserves a chance at life beyond just surviving on Portland's streets. We are convinced that change is possible, even in persons who suffer from the diseases of alcoholism, drug addiction, and mental illness. Our business at Burnside Projects is promoting the dignity of people" with these kinds of problems.

PROJECT SIZE
Number of beds:
Emergency shelter — 114 beds
Annex — 25 beds

COSTS
Capital costs:
Lease — $2,000 per month
Renovation — $10,000
Operating Costs:
Personnel — $471,046
Non-personnel — $172,401
Rent — $40,000
Utilities — $42,165
Telephone — $9,030
Office supplies — $8,208
Copy/printing — $4,020
Postage — $1,265
Insurance — $2,700
Mileage/training — $7,467
Repairs/maintenance — $6,580
Equipment lease/purchase — $3,315
Contract/professional services — $7,020
Dues/publications — $1,845
Linen service — $6,600
Janitorial supplies — $10,030
Legal fees — $200
Development/fund raising — $5,000
Audit — $2,000
Client grants — $13,136
Miscellaneous — $1,620
TOTAL $643,466

REVENUE (FY 1984-1985)
(For the eight Burnside Projects)
Public donations — $98,690
Community Action Agency of Portland — $110,696
City of Portland — $62,300
Multnomah County — $168,606
United Way Burnside Area Services Fund — $10,000
Mental Health Services West — $13,434
Northwest Pilot Program — $4,000
Coalition for Catholic Emergency Assistance — $13,000
Winter Emergency Shelter Program — $6,440
Rent from Transitional Housing — $145,300
Emergency Night Shelter Client Fees — $4,000
Beverage Sales — $5,000
Interest — $2,000
TOTAL $643,466

Burnside Projects, Inc.
523 N.W. Everett Street
Portland, Ore.
Contact: Jean DeMaster
(503) 222-9362

UNION RESCUE MISSION ADDITION

Los Angeles, California

Finding ways to make a large emergency shelter more humane as well as more functional was the goal behind a study of the Union Rescue Mission (URM) in Los Angeles. Commissioned by the Community Redevelopment Agency of Los Angeles, University of Southern California professor Victor Regnier, AIA, and associates undertook a three-month analysis of guest and staff behavior in response to specific environments. Their goal was to determine how a different shelter design could better serve the "therapeutic goals of the mission's activities."

Through this analysis, the research team determined the ideal spatial arrangements, furnishings, and materials for a new 131,000-square-foot building that would house 250 staff members and 250 guests each night. The kitchen would serve 1,800 meals a day to guests and 750 meals a day to staff.

In evaluating the Union Rescue Mission's current spaces, Regnier's team used a four-step system:

- Data Collection—Information from local, regional, and national sources on the overall problem of homelessness and shelter design and service options was gathered. Shelters similar to URM in size and services were visited.
- Post-Occupancy Evaluation—The activity patterns, physical-spatial problems, counseling programming needs, and other aspects of the existing facility were carefully examined.
- Space Plan Development and Negotiation—The staff and researchers discussed spatial needs and managerial problems associated with various functions, and possible solutions.
- New Design Proposal—The result of the process described above is a "carefully developed architectural program that combines the latest thinking in this area along with the creative input of the consultants," Regnier maintains.

Following are some of the specific functional problems identified in the existing facility.

The Exterior: Street vagrants who use the services of the URM congregate outside the facility at all times of the

day and night. Men sit or stand outside, but no seating is available for them. There are no green trees or shrubs to soften a hard urban environment. . . . The building has no extensions, overhangs, or facade elements to shelter guests and neighborhood residents from rain, wind, or sun. Guests and other homeless persons loitering near the front also create security problems. Separate entrances for office personnel have been suggested for the new facility. Proper lighting, courtyard shapes that encourage self-surveillance, and screen separations that create "semi-private" spaces could make the space more secure.

The Chapel: The 4,703-square-foot chapel also serves as a waiting area and recreational space. The lack of natural light and the use of dark blue curtains promotes a feeling that is uninspiring and lifeless. The seating consists of school-type moveable chairs that appear uncomfortable and somewhat inappropriate. The chapel is adjacent to the contact office, the activities of which can be disturbing to religious services, lectures, and concerts. And the bathroom location requires guests to walk in front of the altar to gain access, which can be embarrassing and disturbing during services.

The Dining Room: In the dining room, which is for both staff and guests, a status system was developed: staff silverware and dinnerware are of higher quality, and at times the quality of food served to the staff is also slightly better. The mission uses this as an incentive to encourage guests to join the staff, and to also make the staff feel as if they have achieved a higher level of accomplishment. The 2,456-square-foot dining room is a colorful, two-story space. However, the furnishings look uncomfortable, and the tables have a mess hall/institutional character about them. The space is often the scene of violent confrontations that discourage more positive personal interactions. . . . Frequently, as many as 1,800 people use the dining room in one day. Therefore, multiple seatings are required, and the tables, chairs, and floor must be cleaned frequently. The high use and maintenance requirements of this space should be considered when specifying furniture and floor covering.

Showers: Guest hygiene facilities are located in the north basement, which is dark and dungeon-like. Because of the showers, the humidity is high. Walls and floors are concrete and masonry. The detoxification unit at the south end seems mislocated. There is little storage, and the space seems to be cramped, in part because of the low ceiling, low light levels, and the overall size. After showering (and if necessary delousing), guests must wait for their clothes to be laundered, which can take up to an hour.

Sleeping Facilities: The 2,666-square-foot guest dormitory is located on the third floor; because there is no elevator, older and mobility-impaired guests have to walk up two flights of stairs. Wooden bunk beds are located in two large rooms, with nearly 100 persons sharing the space. Activity and noise in the middle of the night make this arrangement unpleasant. The room has hard plastered walls and ceilings and an oak floor, so the beds provide the only acoustically absorbent material, which is not enough to absorb all the noise.

After studying the existing shelter, Regnier and his team developed a summary space program, which organizes the 29 distinct spatial categories of the building into six major divisions: guest area, program spaces, food service, storage, maintenance, administration, and development. The researchers also developed one-line title descriptions of the 203 separate spaces that comprise the proposed new mission. Finally, a detailed space program provides comprehensive plans for each area, including finishes, adjacencies, security concerns, furniture, and equipment specifications. The space program includes behavioral objectives and suggestions for physical design responses. Some of the major design concepts the architect offered follow:

"Guests and street vagrants should feel comfortable approaching the building. Being able to 'read,' or compre-

hend, the function of first floor activities from the street will encourage street people to seek aid and assistance. Making the building less mysterious and more humane, inviting, and approachable is particularly important in attracting first-time users. The entrance should be clearly marked.

"The use of an outdoor plaza and courtyard spaces on the first floor, and balconies on upper floors, should be considered. A partially covered and enclosed courtyard is proposed to link various guest hygiene functions (clothing dispersal, barber shop, first aid, tailor shop).

"Located in a skid row neighborhood, the building and adjacent spaces should be sensitive to 'defensible space' principles that encourage self-surveillance, discourage attackers from hiding in secluded nooks and crannies, and place building entries and circulation pathways strategically.... The organization of the building should discourage guests and others who do not belong in program areas from wandering into these spaces, or purposely walking through these spaces.

"There should be a definite sequence of spaces and activities that a guest must experience in order to eat and sleep in the shelter. This sequence must be considered in the overall organization of spaces... to allow this flow to take place in a humane and safe fashion. The sequence should be: contact office, hygiene area, chapel, dining room, dormitory space."

Space adjacency and space relationship diagrams illustrate how the various spaces influence one another.

The 2,600-square-foot dining room is one of the most heavily used spaces due to its large seating capacity (300). "Guests should feel the space is humane and relaxed and carefree. Guests are anxious to eat and will frequently push or shove to get into the room, which often causes violent confrontations."

To respond to these behavioral patterns, "movable half-wall partitions, varying table sizes, and smaller alcoves will make the room seem more intimate. Walls should be easily washable. A wainscot covering the lower six feet of the wall will add to the durability and maintenance. Above the wainscot, acoustical materials could help lower the noise in the space. The floor covering needs to be durable and easily replaced due to heavy traffic."

The stated design goal for the 16,500-square-foot dormitory is to "represent a substantial improvement in the street transient's everyday environment. This space should demonstrate to the guests that a better lifestyle is available and that the mission can help the guests attain that.... The sleeping area should be broken down into smaller groups to reduce the overall size of the dormitory. A sense of privacy for every guest is desired, but not at the expense of security," because behavior is unpredictable and sometimes violent.

The dormitories should be divided into several spaces. "The guests could be observed by a guard located on a raised platform adjacent to the space. Furniture must be movable so that it can be cleaned. Ventilation is desirable. Acoustical materials should be specified for these spaces."

Union Rescue Mission Evaluation and Expansion Plan
Los Angeles, Calif.
Contact: Victor A. Regnier, AIA
School of Architecture
Andrus Gerontology Center
University of Southern California
Los Angeles, Calif.
(213) 743-4784

TRANSITIONAL/SPECIAL NEEDS SHELTERS

SAINT VINCENT DE PAUL CENTER

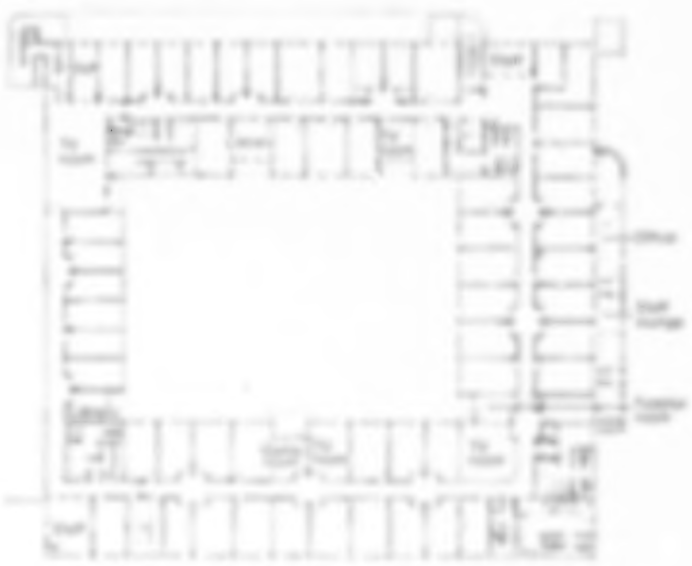
San Diego, California

The foremost problem for the homeless in San Diego is the distance between services — breakfast is served at one end of town, lunch at the other, and the job counselor is somewhere in between; the homeless end up spending all day traveling from one place to the other. The Saint Vincent de Paul Center, when completed in March 1987, will be a direct response to that dilemma. The 150,000-square-foot center will offer a variety of services to a diverse group of 700 homeless people.

Offering a three-month stay, the Saint Vincent de Paul Center will be unique in San Diego. Most agencies in the city offer housing only on an emergency basis for two to three weeks. The Archdiocese of San Diego, the center's sponsor, believes that three months is needed for an individual or a family to find a job, save the money that can be used to secure housing, and learn the skills to move back into society fully independent.

The center's design will convey a nonconfrontational atmosphere — a place of hospitality, a place that states "every person who enters has a self-worth that is unique and special." The design by the San Diego firm Kwan mueBeck McKeown & Associates is a modern-day interpretation of the traditional California mission, surrounding a central court. The site is an entire city block in an industrial section of downtown San Diego.

Two bell towers will mark the entrance to the shelter. These towers will also function as a part of the ventilation system — hot air will be drawn out of the building through a venturi on the leeward side of one tower, while prevailing winds will be



pulled in on the windward side. Other energy-savings features include a cogeneration system and the use of efficient lighting equipment, such as corrected, high-pressure sodium lamps.

The first three will contain the reception area, a one-room school / a public school for children in the shelter /, administrative and counseling offices, a food distribution center for senior citizens, a medical clinic with three examination rooms, an exam room, and counseling offices, the dining hall where an estimated 1,000 meals a day will be served, a chapel, and additional recreation rooms.

There will also be a public shower and restroom facility for homeless street people. They can have a shave in the barber shop, and a chair and a cup of coffee in the day room.

Set in the building's center will be an outdoor courtyard, with covered walkways and luscious plantings, a place conceived by the architect to "provide shelter from busy streets and the hostile environment of theft, prostitution, drugs, and alcohol. It is a quiet place to think about what went wrong and what the next step will be."

The upper two floors will contain separate wings for the genders — couples, battered women, families, single men and women, seniors. Each wing will have its own recreation and quiet rooms with adjacent porches for those who smoke. Staff stations at the intersection of each wing will be equipped with closed-circuit consoles. The main security station will provide closed-circuit observation of all public spaces.

In addition to money raised from fund-raising campaigns (the goal is a total of $4.2 million from the private sector), Saint Vincent de Paul Center has received a $1 million, low-interest loan from the Diocese of San Diego and $400,000 in material contributions: electrical systems board, tiles, glass block. The school costs will be born by the San Diego Unified School District. $150,000 per year in commodity foods and clothing will be donated, and doctors will volunteer their services at the medical clinic.

PROJECT SIZE

Number of beds: 300

Individual residential space:
75 square feet

Residential space: 20,250 square feet

Total shelter space: 80,000 square feet

COSTS

Capital costs:

Land purchased — $650,000

Architect — $650,000

Construction — $6,000,000

Furnishings — $600,000

Total — $8,700,000

Operating Costs:

Utilities — $28,500

Maintenance — $130,000

Salaries — $93,400

Total — $300,000

Service Costs:

Medical — $28,500

Kitchen — $180,500

Intake office — $209,150

Housing — $589,000

Security — $112,000

Public school — $900

Total — $1,206,250

Saint Vincent de Paul Center
1501 Market Street
San Diego, Calif. 92101
Contact: Father Joe Carroll
619 / 233-8500

Architect, prior to February 1990:
Kwan Henmi, Mathews & Associates
Fred De Simio, AIA
Mark J. Bacon, Designer
1515 Morena Blvd.
San Diego, Calif. 92110
619 / 276-7730

Architect, as of February 1990:
Fred De Simio, AIA
EAES Architecture & Planning Inc.
1145 10th Avenue
Suite 2
San Diego, Calif. 92101
619 / 233-0126

COVENANT HOUSE
New York, New York

Ground Floor
Second Floor

Homeless youths aged 16 to 20 have a particularly difficult time finding help. In many places, they are too old to qualify for traditional foster care; if such care is available, the odds are it will prove unsuccessful, especially in urban areas where the youths have characteristically been exposed to drugs, criminal activity, prostitution, or pornography. Shelters for homeless adults, more often than not, fail to address the youths' special needs. It was to help this specialized population that the Covenant House opened its doors in New York City in 1972. Since then, the program has expanded to Toronto, Houston, and Fort Lauderdale, and will expand soon to New Orleans.

In each of these cities Covenant House is available 24 hours a day, seven days a week to youths under the age of 21. No youth requesting shelter for the first time is turned away. Once admitted, the youths are offered a wide variety of services: three meals daily, clothing, health services, counseling, job preparation and placement, educational services, legal services, and referrals.

The homes are located near places where homeless youth congregate and also near public transportation. New or renovated facilities that are visually pleasing and consistent with local architectural styles are chosen to provide nonconfrontational shelters in which small, personal living spaces can be created. Even where a large number of youth are served, these small units provide a homey and manageable environment.

Covenant House maintains a visible and active presence in the communities where it operates, working with community organizations, municipal and state governments, police, and other service providers. Private sector support plays a significant role in Covenant House — individuals, corporations, and foundations donated 94 percent of the 1989 funds, with the remaining 6 percent provided by city, state, and federal sources. Approximately 300 persons participate annually as volunteers.

The majority of youths seeking help at Covenant House are 18 to 20 years

old and are from poor families. Seventy-five percent are from single-parent households; half are from homes in which parents are alcoholics, drug abusers, and/or convicted criminals; and half of the youths have been physically abused by one or both parents. These youth rarely have a legitimate means of supporting themselves. The great majority are unemployed, "surprisingly few because they do not want to work," according to Wendy Naidich, the program's director. "The growing crisis of homelessness in urban areas is affecting youth and creating a new generation of people at high risk of chronic homelessness," she adds.

These youths are in need of transitional living arrangements to bridge the gap between emergency shelters and self-sufficiency. "In recent years," Naidich says, "it has been apparent to us that these youth, once their crises are resolved, are severely lacking in the resources necessary to leave the street and support themselves independently, maintain a job and permanent housing, and make use of services in their communities." The New Orleans facility will be the first Covenant House to offer transitional housing as well as emergency shelter.

Participants in the transitional housing program will be those "who are motivated to make a lasting transition to a healthy and productive lifestyle." Emphasis will be placed on carrying out an employment/education plan. Life skills training and aftercare will also be important. Each participant will be in the program for 12 to 18 months.

Covenant House believes that creating and maintaining a "clean, colorful, noninstitutional, and nonthreatening physical environment" is essential. "Since the appearance of the building is one of the first things that a youngster is likely to notice, the message given to youth by the building is important," Naidich says. "Given the numbers we shelter and their exposure to, and, in many cases, involvement in, petty criminal activities, we experience a surprisingly low incidence of graffiti and vandalism."

In Houston, the Covanent House facility is located in the Montrose section, an inner city neighborhood where runaway and homeless youth congregate and are exposed to drug trafficking, prostitution, and pornography. Located on a corner lot, the facility consists of three buildings—two renovated and one newly built—for a total of 31,114 square feet.

The two-story, renovated administrative building containing offices and conference rooms is at the corner. A newly constructed, one-story building provides space for processing new guests and for housing the older population (ages 18-21) when bed space in the residence is full. There are two separate dorm areas (one for females, one for males), which also accommodate recreational activities and group meetings, counseling offices with glass walls allowing for supervision of the entire building, and dining, kitchen, and laundry facilities. The clothing room is also in this building.

The remaining renovated, two-story building houses the main residential spaces. On the first floor is a lounge, dining room, kitchen, health clinic, offices of program staff, telephone operator, and security station, and bedroom space for young mothers with children. The second floor has two wings: one for females, one for males. Each wing has a lounge that can be supervised from adjacent, glass-walled counseling offices; a gang bathroom; and 10 bedrooms. Originally designed for four youths, each bedroom now holds eight in bunk beds due to increased need.

The New Orleans Covenant House will be a complex of interconnected, new buildings at the edge of the French Quarter. The design calls for a facility to eventually house 96 youth. The first phase calls for the construction of a small building that will be expanded in the future. The larger facility (49,537 square feet) will have five sections, one of which will be the self-contained unit for transitional housing. The building esthetic reflects that of the traditional New Orleans style. And there will be a large outdoor recreation space in the rear of the building.

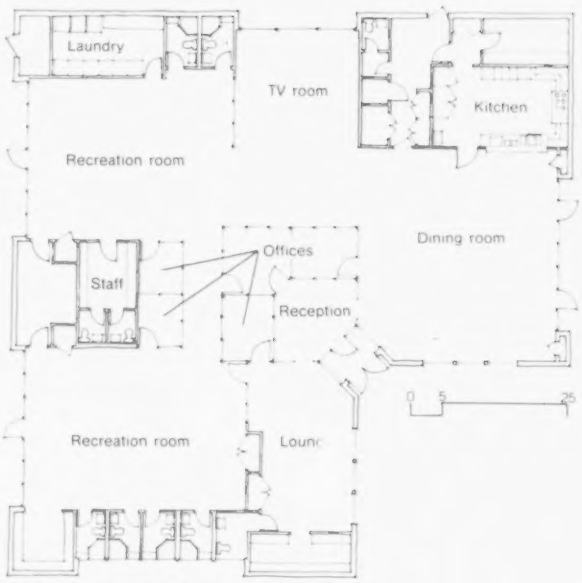
Two dormitory units will be located in the top two floors of a three-story building. Each unit will have a lounge, counseling offices with glass walls for supervision, and 10 bedrooms (that will be at least 80 square feet per youth). The ground floor will be a parking garage.

The building's first floor will have reception area, counseling offices, family meeting room, and a waiting area. There will also be a clothing room, laundry facility, and maintenance areas.

The center building will house two lounges (designed to be multifunctional, as in the Houston buildings), the health clinic, all administrative offices, a kitchen, dining room, and one residential floor with 13 rooms.

A chapel will be somewhat separated from the facility, but "easily supervised."

The transitional component will have three, 10-bed, self-sufficient units. Each will have its own living/dining/study space, kitchen, laundry, and staff offices. The setting will be similar to that found in apartments, "to facilitate the learning of skills necessary for living on one's own," Naidich says.



Covenant House/Houston

Covenant House/Houston:
COSTS
Land—$960,000
Buildings—$798,102
Building improvements—$1,482,800
Furniture/equipment—$580,000
TOTAL $3,820,902

Covenant House/New Orleans:
COSTS
Land and buildings—$1,550,000 (actual)
Construction—$3,705,000 (approx.)
Furniture/equipment—$372,000 (approx.)
TOTAL $5,627,000

Covenant House:
REVENUE (FY '85)
Contributions—$1,364,867
Covenant House support of affiliate—$1,913,709
Donated services/merchandise—$118,394
Government grants—$338,995
Interest/other—$6,699
TOTAL $3,742,664

COSTS (FY '85)
Program services—$3,129,870
Fundraising—$271,172
Management/general—$395,894
TOTAL $3,796,936

Covenant House
460 West 41st Street
New York, N.Y. 10036
Contact: Wendy B. Naidich
(212) 613-0300

Architect, Covenant House/Houston:
The Rapp Partners Inc.
3901 Broadway
Galveston, Texas 77550

Architect, Covenant House/New Orleans:
Lyons & Hudson
810 Union Street
New Orleans, La. 70112

TRANSITION HOUSE

Los Angeles, California

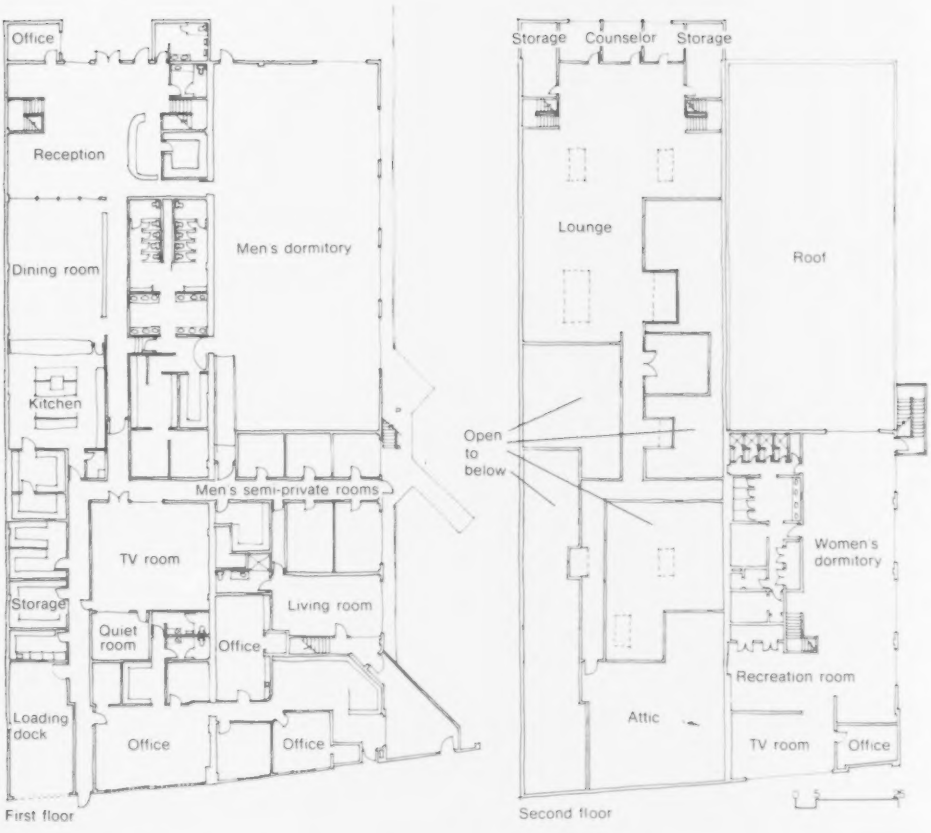
Located in a renovated warehouse in Los Angeles' Skid Row, Transition House offers a much-needed service—medium-term shelter for homeless individuals. Unlike an emergency shelter where beds are usually doled out on a nightly basis, Transition House guests can stay as long as necessary. The average stay is five weeks. There are 130 beds—94 for men and 36 for women. Typically, more than half the residents are 35 or younger.

More than shelter is provided at Transition House. Counselors work with residents to help solve personal problems, to assist in finding jobs, and to provide references for health care, mental health counseling, job training, and detoxification programs. The goal is for each resident to become independent and rejoin the mainstream of society, if possible. Arrangements are made for permanent institutional accommodations for those who cannot function independently.

Funding for the project was provided from several sources: The U.S. Department of Housing and Urban Development provided $1.6 million for acquisition and construction costs; to cover the cost of correcting unexpected seismic deficiencies, the Community Redevelopment Agency and the City of Los Angeles' Community Development Department contributed $370,000 and $100,000, respectively, from Community Development Block Grant funds; and private companies, foundations, organizations, and individuals also contributed funds.

The men and women are housed in separate dormitories. There are also two TV rooms, a lounge, dining room, living room, bathrooms, and staff offices. The building also contains a separate office suite; the rental income from that space helps defer operating costs at Transition House. The organization also receives commodities from the federal food surplus program.

Residents take an active role in maintaining the building and grounds, all perform chores in the house, and some do clerical and kitchen duties on a regular basis.



Transition House
543 Crocker Street
Los Angeles, Calif.
Contact: Martha Hicks
Skid Row Development Corp.
540 South San Pedro Street
Los Angeles, Calif. 90013
(213) 623-7130

Architect: Los Angeles
Community Design Center
634 S. Spring Street
Suite 300
Los Angeles, Calif. 90014
Contact: Ron Silviera, project architect
Jim Bonar, FAIA, supervising architect
(213) 629-2702

BROOKLYN GARDENS

Brooklyn Heights, New York

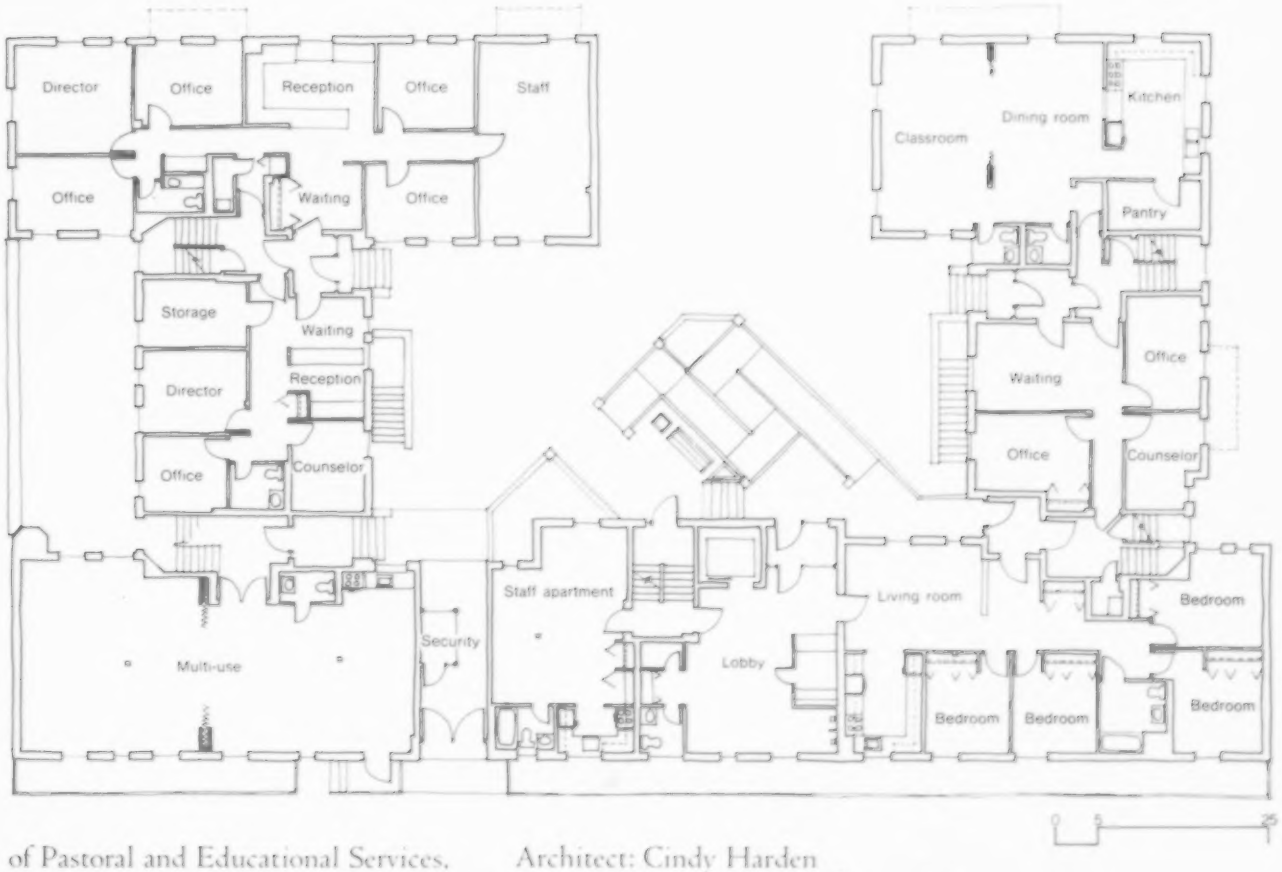
A 51,000-square-foot, former apartment building is being renovated for three types of shelters: a residence for the mentally ill, permenant housing for single adults, and transitional housing for mothers and children.

For the design Cindy Harden, the project's architect, sliced the building vertically, creating a townhouse effect. At the center of the truncated U-shaped building is permanent housing for 74 adults over the age of 25. Residents will be persons either about to be displaced, or recently displaced, from other housing. They must meet the income criteria of Section 8 eligibility. Each person will have a single, 110-square-foot bedroom and will share living, dining, bath, and kitchen spaces with six to eight others. Four special units will be located on the ground floor for the handicapped.

At the south end of the building an 18-bed, supervised residence is planned for adults (18 or older) with a primary diagnosis of psychiatric illness, but an ability to live independently. Twenty-four-hour care will be available, although only individuals with no immediate likelihood of harm to themselves or others will be allowed in the facility. Rooms will be approximately 90 square feet, and bathrooms and lounges will be shared. The common dining hall will be located on the first floor.

The third section of the building is a transitional house for mothers with children under the age of six; up to 44 families can be housed. Each 100-square-foot bedroom will be furnished with beds, dressers, and small refrigerators. Each floor will have bath, kitchen, dining, and living spaces; some bedrooms will be interconnected for larger families. The families can stay a maximum of six months, while receiving assistance in obtaining permanent housing. Medical, child care, counseling, and job training assistance will also be provided.

The existing main entrance will be supervised by a 24-hour security guard. Each of the three residential groups will have a private entrance off the central courtyard; as will the offices



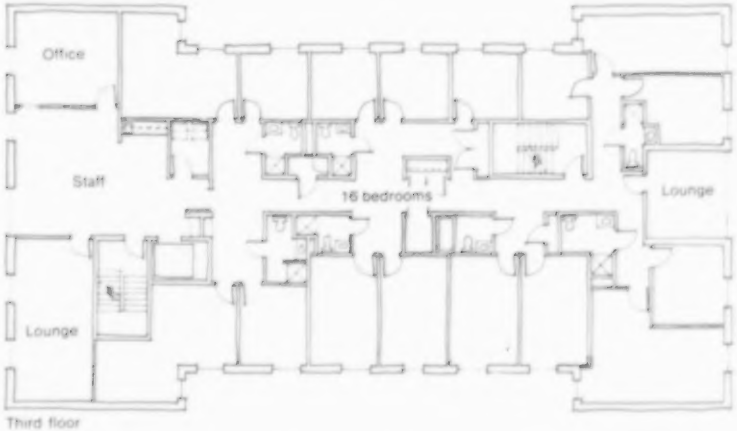
of Pastoral and Educational Services, Brooklyn Garden's sponsor. The courtyard and adjacent vacant lot will be a play area and garden. A large space will be provided on the first floor for use by the community at large. The basement cellar will have recreational space, laundries, offices, tenant and building storage, and building services.

Brooklyn Gardens
111 Carlton Avenue
Brooklyn Heights, N.Y.
Sponsor: Pastoral and Educational Services, Inc.
157 Montague Street
Brooklyn, N.Y. 11201

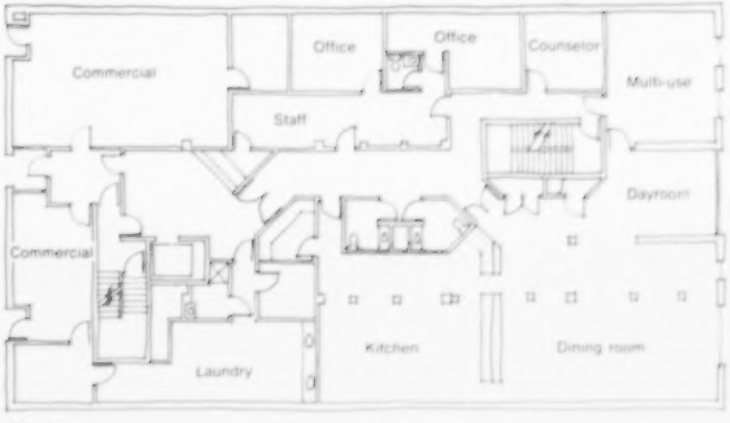
Architect: Cindy Harden
Pratt Institute Center for Community and Environmental Development
379 DeKalb Ave.
Steuben Hall
Brooklyn, N.Y. 11205
(718) 636-3486

THE EL REY APARTMENTS

Seattle, Washington



Third floor



First floor

The El Rey Apartments offer a unique combination of residential treatment programs for the homeless mentally ill. Within the same building, they can progress from a highly supervised program to independent living. In addition, a rehabilitation program for both residents and non-residential "club members" offers an extremely strong support system for Seattle's chronically mentally ill.

The El Rey is located in what was once a single-room-occupancy hotel built in 1909 in downtown Seattle. Now its 6,324-square-foot first floor contains the reception area (intake), administration office, and a commercial kitchen. The clubhouse's dining room and a multipurpose day room are at the rear, oriented to the west to capture natural light. There is also a small thrift shop on this level.

Since the building is set on a sloping hill, the basement can be entered from the rear alley. The intake and storage areas for thrift shop goods, food, and clothing are located in the basement, with the mechanical equipment room.

The residential spaces are on the top three floors, with the most supervised on the second floor and the least on the fourth ("the penthouse"). The residential floors are each 5,657 square feet. The basement and first floor are each 6,324 square feet.

The 20-bed intensive care facility on the second floor has round-the-clock supervision. The "gang-style" bathroom is broken down to a more residential scale; the bathrooms are designed to be shared by a maximum of four individuals. Gone, too, is the traditional nurses' station. Instead, there is a doctor's room and the nurses can be found in the lounge at the front of the building. Four crisis rooms can be used by residents who have moved to the less supervised upper floors but who are experiencing temporary setbacks.

The third floor—the congregate care floor—has 24 beds. The top floor is for transitional housing. The architect refers to it as the "penthouse" or "the carrot that is held out for residents," for there

is virtually no supervision. Each single or double "apartment" has its own private bath, small kitchenette, and small dining room (a bar and stools).

To make the El Rey's environment less institutional and more residential, the furnishings are not all the same. With the help of the United Council of Churches, each room was furnished with a different bed, a different dresser, and a different chair.

Research into symbols associated with "home" guided the selection of finish materials. For example, hardwood trim was chosen for its durability and was stained to provide a residential ambiance. Wood windows and doors add additional warmth. Warm colors were used in areas where residents are encouraged to socialize; a cooler palette was used "where the need for internal focus was intended," in the architect's words. Patterns and bold colors were avoided due to their agitating effects on those suffering from mental illness. A subtle variety of colors are used to reduce boredom.

To help gain community acceptance, significant attention was paid to the renovation of the El Rey's front facade. It was completely stripped, cleaned, and tuckpointed, and all windows were replaced. A marquee was added to separate the base and to provide a sense of relief from a relatively flat facade. Underneath the marquee, three identical storefront doors mark the entrance to two shops and the El Rey. At the facade's top, the existing masonry corbeling was enhanced by the use of contrasting colored grout.

Based on the philosophy of the Fountain House in New York City, the El Rey's approach is to mix persons with various functional levels into work units, where certain behaviors are promoted and supported by group norms, role expectations, peer pressure, modeling, and visible and achievable rewards. Perhaps most crucial is the flexibility the El Rey provides to the mentally ill, who may experience several setbacks on the road from homelessness to independence and self-sufficiency, or even to a semi-independent life.

PROJECT SIZE:
Number of units: 42
Number of beds: 60
Individual residential space:
  160 square feet — double room
  100 square feet — single room
Total residential space:
  5,280 square feet
Total shelter area: 30,000 square feet

COSTS
Capital cost: $2,426,660
Annual operating cost: $57,230
Annual service cost: $86,978

The El Rey Apartments
2119 Second Avenue
Seattle, Wash.
Contact: Dorothy Lengyel
The City of Seattle
(206) 625-5084
Helen Schwedenberg
Community Psychiatric Clinic
(206) 447-3614

Architects: ARC Architects
1301 East Howell
Seattle, Wash. 98122
Rex Bond, David Rutherford
(206) 322-1322

ELIZABETH STONE HOUSE

Jamaica Plain, Massachusetts

When it opens this summer, the Elizabeth Stone House will be the first shelter in Massachusetts to offer short-term, transitional apartment living for women and children. Approximately 20 women and 18 children will reside in the 17,000-square-foot building.

The design makes use of manufactured building components, which lowered construction costs and reduced the risks generally associated with building rehabilitation. In all, 25 manufactured components were used in the basic modules, which were repeated from two to six times. All staircases and one unit in the four-story section of the building were constructed on site. Set on a hill, the building shifts from three stories at the upper- and mid-levels to four stories on the lower level.

There are 10 shared transitional apartments. The four additional apartments are for long-term occupancy, two of which will house the child care providers. Each apartment has two bedrooms and a bathroom and a semiprivate kitchen, dining room, and living room. Shared spaces include a community room for adults, a play area for children, and laundry and conference space. Guests will be permitted to stay up to 18 months; they can participate in a self-help program designed to develop greater emotional and economic autonomy.

The use of U.S. Department of Housing and Urban Development rental subsidies for new construction projects made the development of the Elizabeth Stone House financially feasible. The use of tax foreclosed property, Community Development Block Grant gap financing, below-market rate permanent financing, and fund raising were also vital parts of the capitalization plan.

The Elizabeth Stone House was established in 1974 as a therapeutic community for women in emotional distress. Its first shelter for battered women opened in 1977. Virtually all of the participants in this organization's programs are women and children with little or no source of financial support. The new Elizabeth Stone House was developed in conjunction with the

Women's Institute for Housing and Economic Development, Inc., in Boston, to demonstrate a new housing prototype for nontraditional families. The goal was to demonstrate design feasibility, financing techniques, and long-term operational feasibility.

Consulting Architects Committee
79 Knoxland Street
Boston, Mass. 02111

COSTS
Capital cost: $850,000
Annual operating cost: $120,000
Annual service cost: $45,000
Annual rental income: $131,500

Elizabeth Stone House
Transitional Housing Project, Inc.
P.O. Box 15
Jamaica Plain, Mass. 02130

Sponsor: Women's Institute
for Housing and Economic
Development
179 South Street
Boston, Mass. 02111
Contact: Joan Forrester Sprague
Executive Director
(617) 423-2586

WOMEN'S CENTER AND SHELTER

Pittsburgh, Pennsylvania

Founded in 1974, the Women's Center and Shelter of Greater Pittsburgh was one of the first service groups to aid homeless women who are victims of domestic violence. Since 1974, WCAS has moved into a series of increasingly larger temporary quarters: from an old warehouse, to rented space in a YWCA, to the basement of the Pittsburgh Technological Seminary. Finally, in August 1985, the organization moved to a permanent location — a 9,000-square-foot center and shelter that combines renovation with new construction.

The 2½-story brick existing structure was renovated into WCAS's day center, which contains a nursery and child care facilities, administrative offices, classrooms, and a conference room. Added to this is a new building housing the women's shelter. Designed by the Pittsburgh architectural firm of Beddall Powell Larkin Cwiertnik, the building is intended to provide a "friendly and welcoming temporary 'home' environment, while meeting the functional requirements of WCAS."

Half of the new portion of the building consists of bedrooms — eight rooms designed to contain 32 beds — two beds for the adults and cribs for children. Drawers are built into the bedroom walls for safety purposes, and there is one full bath for every two bedrooms.

In the other half of the new building, the kitchen is open to the living room, which in turn opens to the dining room — a design meant to promote companionship among the residents. The kitchen has a double set of residential-sized appliances to create a sense of homeness yet accommodate large numbers. The living room has a cathedral ceiling and a skylight.

The shelter's main reception office and six hotline rooms are at the front of the building. There, a glass panel allows observation of the living room, and the glass facade offers a glimpse of outside visitors. The shelter's basement is used for storage of food, linens, clothing, supplies, a laundry room, plus two multipurpose rooms. In 1989, a security plan area was added by using part of the driveway and side yard.

The shelter is in a mixed-use neighborhood that has a major hospital, an office building, residences, and a small commercial area nearby. Central access to these surroundings was important in winning zoning approval. The availability of transportation, legal, medical, and other services in this racially mixed neighborhood were taken into account in site selection.

WCAS provides shelter and support services to 600 to 700 female victims of domestic violence and their children annually. It is the only full-service domestic violence shelter in Allegheny County (population 1.4 million). Linens, small toiletries, transportation costs, and food—which is funded by the Federal Emergency Management Agency—are provided to each resident. In addition, the following services are offered:

- Individual and group counseling and assistance for shelter residents in obtaining housing and economic aid.
- Weekly support groups for non-shelter residents.
- Information and referral and counseling on a 24-hour hotline.
- Training for all city police and other police forces, paramedics, and emergency room personnel in how to deal with the problems of abused women and children.
- A children's program, five days a week, with structured activities, individual and group counseling, recreation, and referrals for other services.

The City of Pittsburgh contributed an initial $125,000 and Allegheny County contributed $900,000, both of which were used to leverage the remaining needed capital from the private sector.

PROJECT SIZE

Number of units: 8
Number of beds: 24 to 32
Individual residential space:
  440 square feet
Total residential space:
  9,000 square feet

COSTS

Capital costs:
  Building: land purchase—$765,000
  Renovation: new construction—$440,000
  Fixed equipment furnishings—$44,000
  Total—$1,249,000
Building operating cost: $25,000
Annual service costs:
  Nights of shelter—$119,000
  Counseling, support services—$161,127
  Children's program—$93,093
  Meals—$35,358
  Transportation—$7,863

Women's Center and Shelter of Greater Pittsburgh
5244 Centre Avenue
Pittsburgh, Pa. 15232
Contact: Martha A. Fowler
412/687-8017

Architect: Robbin Powell Larkin Cywinski
1220 Investment Building
Pittsburgh, Pa. 15222
412/765-1940

UNITY INN, HOUSE OF RUTH
Washington, D.C.

ZAFRON HOME FOR PARENTING ADOLESCENTS

Salamanca, New York

When completed in September 1986, the Zafron Home will provide transitional housing for 17 adolescents and their new babies. This new program is being developed in response to the rapidly growing incidence of adolescent pregnancy in Cattaraugus County—an increase from 33 percent of the babies born in 1978 to 57 percent in 1983.

Zafron Home is one of the first shelters designed for parenting adolescents. Traditionally, when assigned to a foster home, homeless minors are separated from their children. Those who are able to remain with their babies often do not learn necessary independent living skills and turn toward long-term dependency on public assistance. Their future prospects are bleak, especially if they have more children.

Located on a quiet residential street in the northeast section of Salamanca, N.Y., the Zafron Home will have six bedrooms for adolescents and their children; two full bathrooms; a communal day room, living room, dining room, and kitchen; a private bedroom and bathroom for staff; and an one-bedroom "apartment."

The apartment is designed as an integral part of the home, yet will function as a self-contained unit. Mothers living there will be expected to live independently—preparing meals, shopping, paying rent and phone bills, and doing their own housekeeping, laundry, and maintenance. The apartment tenant is expected to be employed or have reasonable expectations of obtaining self-sustaining employment in the near future.

The Zafron Home will be located on property where the home of Molly Zafron once stood. Donated by her grandchildern for the purpose of an independent living home for adolescent girls, the original two-family frame house was dilapidated and had to be demolished. The city donated Community Development Block Grant funds for its demolition.

The managing agency of the Zafron Home operates three boarding houses for abused, neglected, abandoned, delinquent, and pre-delinquent children

aged 5 to 18 years old. Called CHARLEE (Children Have All Rights: Legal, Educational, Emotional), that program will be the model for Zafron Home. And, like CHARLEE, the Zafron Home will be a three-phased program that stresses the attainment of skills needed for independent living—education, nutrition, parenting, health matters, child care, day care, financial management, job training and placement, recreation and socialization, self-esteem and decision-making enhancement, counseling, among others.

Phase one will consist of supervised congregate living with program instruction. Phase two will involve semi-supervised independent living in the apartment in the Zafron Home. The final phase will be independent living with transitional and follow-up services.

Aftercare, such as assisting in a housing search or helping in selection of child care, will be offered.

The development of the Zafron Home was funded by a combination of city, county, state, and federal funding, as well as private donations. Among them were New York State's Homeless Housing and Assistance Program Grant, the Special Delinquency Prevention Program of Cattaraugus County and New York State, a Community Development Block Grant through the City of Salamanca; local fund raising and contributions; the contribution of the housing site by the grandchildren of Molly Zafron; among others.

PROJECT SIZE
Number of units: 7 bedrooms
Number of beds: 7 for mothers, 7 for children
Individual residential space: 120 square feet
Total residential space: 1,000 square feet
Total shelter size: 4,000 square feet

COSTS
Capital costs:
Land purchase (donated)—$8,000
Demolition—$4,500
Construction—$195,000
Furnishings, etc.—$5,922

Annual oper
$14,900
Annual servi
$110,000

Zafron Hom for Pregnant Adolescents
629 East State Street
Salamanca, N.Y. 1477

Managing agency:
Cattaraugus Community Action, Inc.
262 Broad Street
P.O. Box 308
Salamanca, N. Y. 1477
Contact: Maggie Bryan
(716) 945-104

UNION STREET FOUNDERS
Seattle, Washington

The program is supported by several funding sources, including the City of Seattle, Boeing Employees Good Neighborhood Fund, the Weyerhaeuser Foundation, and Seattle Housing Resources Group. SEHS hopes to raise $250,000 from local foundations and companies. The City of Seattle bought the lot for $89,000 and will pay for $27,900 of the construction costs. Utilities will be paid through residents' program service fees, and funding for staffing half-time coun-

selor and a half-time maintenance person) will be sought from the United Way, churches, and private foundations.

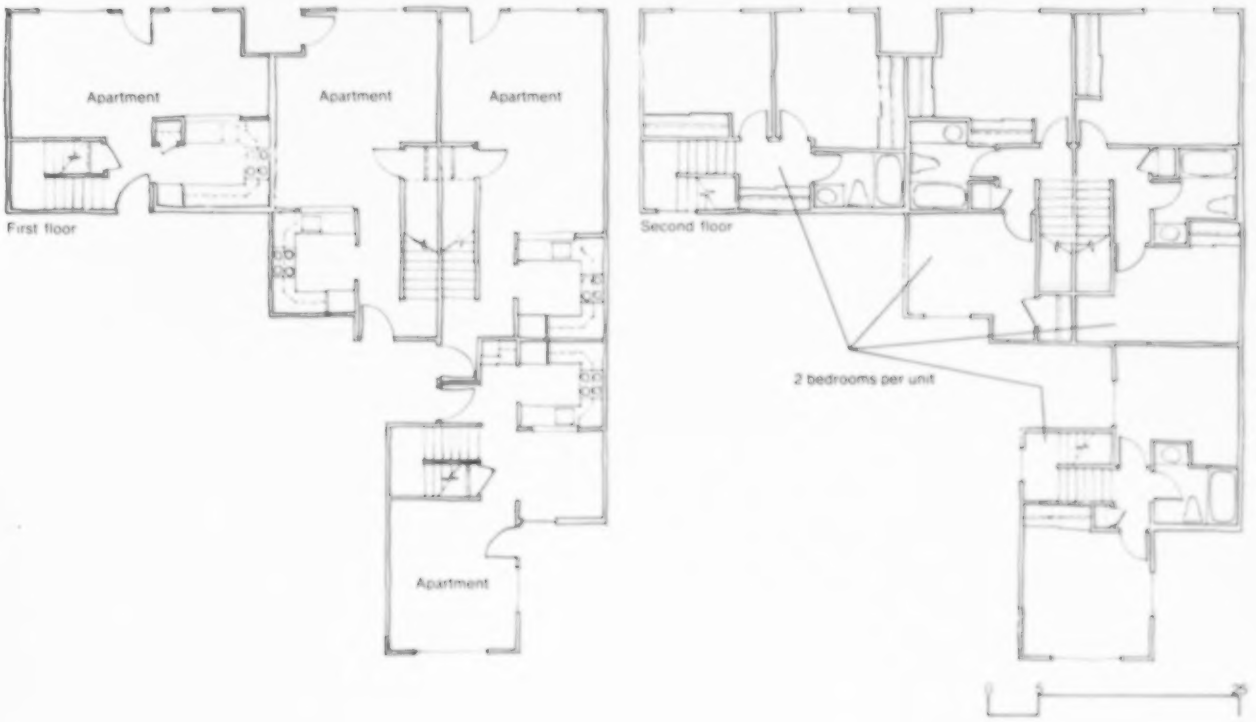
SEHS reports that "families leaving the program have a very high rate of successful transition into permanent housing and off the cycle of crisis services."

PROJECT SIZE:
Number of units: 4
Number of beds: 2 bedrooms per unit
Individual residential space:
225 square feet per person
Total unit space: 900 square feet
Total gross area: 3,600 square feet

COSTS
Capital cost: $250,000
Annual operating cost: $30,000
Annual service cost: $9,000

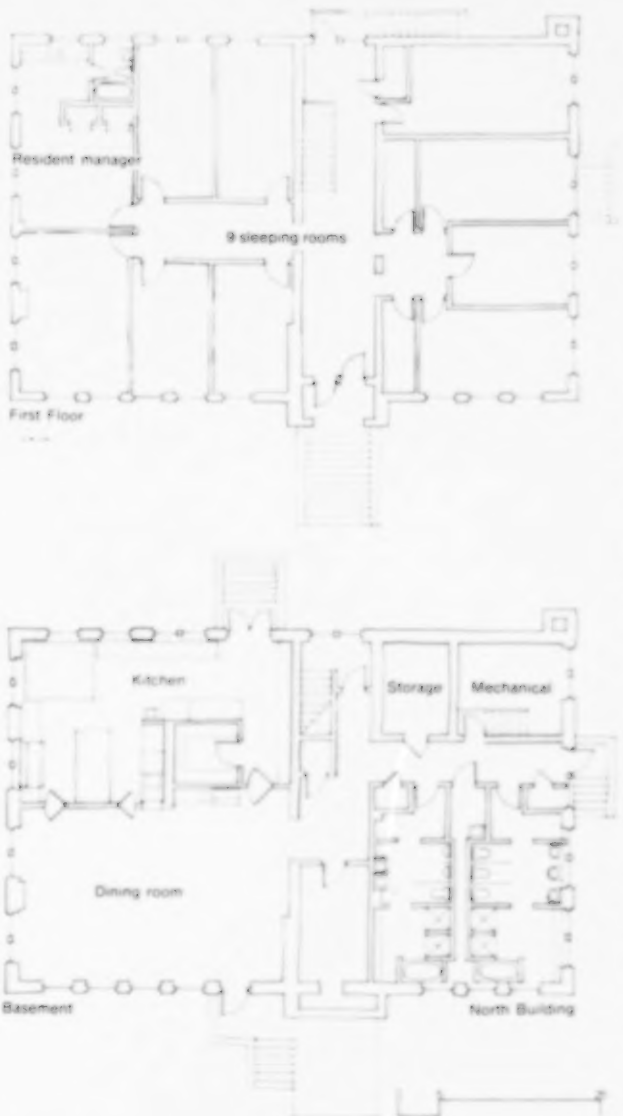
Union Street Fourplex
Seattle Emergency Housing Service
905 Spruce Street
Seattle, Wash. 98104
Contact: Martha Dilts
(206) 477-3660

Architect: HM&C Inc.
1101 Pike Street
Seattle, Wash. 98101
(206) 682-8741



THE ARK INTERFAITH FAMILY SHELTER

Oklahoma City, Oklahoma



The growth in the number of homeless families in Oklahoma City and the lack of an emergency facility there to house them lead a group of churches to develop the Ark shelter in 1983.

The seven-acre site and its two main buildings are owned by Oklahoma County and were formerly used as the County Boy's Home for Orphans. The 1900-vintage building (the north building) was originally a school and was later converted into an orphanage; the 1930-era building (the south building) served as a residential dormitory and staff quarters, laundry facility, and service spaces. Both had stood vacant for several years and were badly vandalized and dilapidated.

The Ark's agreement with the county calls for a 10-year lease at $10,000 per year. In lieu of rent payments, the Ark promised to fund a $100,000 renovation of both buildings into living facilities for nine families. By early 1985, the Ark had spent $75,000 on renovation work.

The renovation of the 7,770-square-foot south building involved modernizing the bathrooms, kitchen, and utilities, and a general clean-up, as well as bringing the building up to code. Most of the spaces did not change. A second-floor corridor was added. Two dormitory rooms were subdivided into the family sleeping rooms. Besides sleeping quarters, this building contains the living room, administrative office, and reception area. A recreation room and laundry room will replace the kitchen and dining hall, which in turn will be moved to the north building. The 6,254-square-foot north building will have rooms for an additional nine families.

The Ark is supported by donations from individuals, local churches, religious denominations, and foundations. Continuing education classes are available to help residents develop daily living skills, such as money management, problem solving, parenting, and self-esteem improvement.

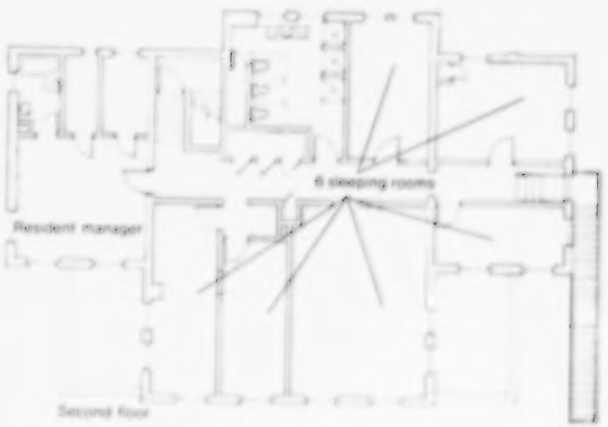
South building (phase I):
PROJECT SIZE:
7,770 gross square feet
2,385 square feet,
individual residential space
47.7 square feet per person
Total capacity, 50 persons

North building (phase II):
PROJECT SIZE:
6,254 gross square feet
1,973 square feet,
individual residential space
60 square feet per person
Total capacity, 33 persons

COSTS
Annual operating cost: $29,450
Service cost: $69,757

The Ark Interfaith Family Shelter
P.O. Box 30336
7025 N.E. 23rd Street
Oklahoma City, Oklahoma 73140
Contact: J. Robb Bartlett

Architect, phase II:
Campbell Architects
7521 North Classen Boulevard
Oklahoma City, Oklahoma 73116
Contact: W. Harley Campbell, AIA
(405) 840-8650



ACOMA TRANSITIONAL HOUSING

Denver, Colorado

Nine units of formerly abandoned rental housing in downtown Denver now serve as transitional housing for families. These families have moved from emergency shelters, but require additional help before they are totally ready for independent living. Through the Acoma Transitional Housing Program, run by the Denver Emergency Housing Coalition, families can receive that extra help for up to three months.

To participate in this program, one member of each family has to be employed. The rent is $200 for a unit. If the apartment is not vacated in three months, the rent is increased substantially. Typically the families in this program have obtained permanent employment while residing in emergency housing facilities but have not been able to save enough money for rent security deposits and other housing expenses. Although Acoma Housing is far from luxurious, the families "perceive it as a quiet oasis from the crisis that precipitated their need for assistance," according to DEHC.

Built in the early 1980s, the nine units had been abandoned and purchased by a development firm for future nonresidential use. The developer was, however, experiencing problems with vandalism and unauthorized use of the building by homeless street people. Now the developer receives $1 per year for the entire complex; in return the Denver Emergency Housing Coalition protects the developer's property from vandalism and deterioration. DEHC uses the units' monthly payments to defray the cost of utilities, insurance, and maintenance. This project is "relatively inexpensive to operate, meets a real need in the community for families coming out of emergency housing facilities to further stabilize their situations in a supportive, low-cost environment," says Mitzi C. Barker, DEHC executive director.

In other programs, DEHC leases 30 units of conventional public housing from the Denver Housing Authority and eight units from a development group to use as emergency housing for families.

PROJECT SIZE
Number of units: 9
Individual living space:
500 to 1,000 square feet
Total living space: 6,750 square feet
Total gross square footage:
7,750 square feet

COSTS
Capital cost: $5,000
Annual operating cost: $12,500
Annual service cost: $10,000

Acoma Transitional Housing
1140 Acoma Street
Denver, Colo. 80204

Denver Emergency Housing Coalition
P.O. Box 4186
Denver, Colo. 80204
Contact: Mitzi C. Barker
Executive Director
(303) 777-3917

LONG-TERM HOUSING

THE FLORENCE HOTEL

Los Angeles, California

In the summer of 1984, the skid row area of Los Angeles contained 80 single-room-occupancy hotels with nearly 8,000 units. Downtown development was booming and many doubted that these SROs would be standing at the end of the decade. The successes of the SRO Housing Corporation have brought at least a temporary reprieve.

This quasi-public organization was formed by the Los Angeles Community Redevelopment Agency as a nonprofit group charged with renovating 1,100 SRO units during a three- to five-year period. During fiscal year 1984-1985, $4.8 million was appropriated by that agency for the acquisition of SRO hotels within the skid row area, as well as an additional $9 million for new housing, park development and maintenance, economic development activities, and other public improvements. It is hoped that the SRO renovations and these other improvements will be a stabilizing influence on the skid row area, as well as a source of inspiration for future redevelopment.

One of the first projects was the renovation of the 18,350-square-foot Florence Hotel into a 60-unit SRO. Built between 1911 and 1913 in the heart of skid row, the Florence was horribly deteriorated by the early 1980s. According to Rex Lotery of the architectural firm Urban Innovations, the building was filthy, ridden with vermin and rodents. The last inspection of the boiler unit had taken place in 1965. Virtually every door was broken. Inadequate toilets were scattered throughout, and the manager's apartment looked like a cell block.

What was needed was a complete renovation to meet fire codes, other building codes, like handicapped access and egress, and seismic standards.

The first floor commercial space was retained; rent from that space helps offset operating costs. A former cocktail lounge was turned into the community lounge, kitchen, and dining space. It can be supervised from a glass-walled office across the hall. Down the center of the hall runs a ramp that allows handicapped access to the eight units at the rear of the first floor, which is slightly higher. The manager's apartment — bedroom, living/dining room, kitchen, and private bathroom — is located there.

The renovation of the second and third floors involved a general upgrading of all the rooms. Each was provided with a lavatory closet, and replastered, repainted, given new fixtures. The existence of six light wells on the second and third floors allows each unit to have access to natural daylight and breezes. All mechanical systems were replaced: heat, piping, plumbing, waste, water.

The brick facade was cleaned, the fire escape was moved, and the front of the first floor was entirely replaced with a design that "attempted to capture the spirit" of the original building. The east elevation had once been a party wall (the building next door having been torn down prior to the purchase of the Florence). Because the brick there was in such bad condition, the entire surface was replastered. New windows were inserted and a new opening made from the lobby. The vacant property has been relandscaped as a park.

Of this and other SRO Housing Corporation projects, Lottery says "Good residential managers are absolutely essential. A 60-unit SRO is a nice size. It allows you to create a sense of community in the hotel, and at the same time it's large enough to support itself and throw off enough funds to meet the management needs of a building such as this."

Rents at the Florence will range from $143 to $185 a month. Couples will be charged $25 extra a month for double occupancy. Prior to the renovation, rents were $180 to $200 per month with a 100 percent surcharge for double occupancy. Renovation cost was $11,000 per unit.

COSTS
Rehabilitation cost: $743,000
Other development costs: $45,000
Architect/engineer fees: $58,000
TOTAL $846,000

Florence Hotel
Los Angeles
Contact: Andy Raubeson
Executive Director
SRO Housing Corporation
311 South Spring Street
Suite 1110
Los Angeles, Calif. 90013
(213) 488-9695

Architect: Urban Innovations Group
1063 Gayley Avenue
Los Angeles, Calif. 90024-3498
Contact: Michael Burch, AIA
(213) 208-8200

THE RICH HOTEL

Portland, Oregon

The Rich Hotel is one of the smaller single-room occupancy hotels run by the Central City Concern in Portland, Ore. Founded in 1979, that organization manages six SROs, with the largest — the Estate Hotel — having 156 units and the smallest — the Butte Hotel — having 37 units. The Rich Hotel has 42 units. It was renovated at a cost of just over $6,000 per unit.

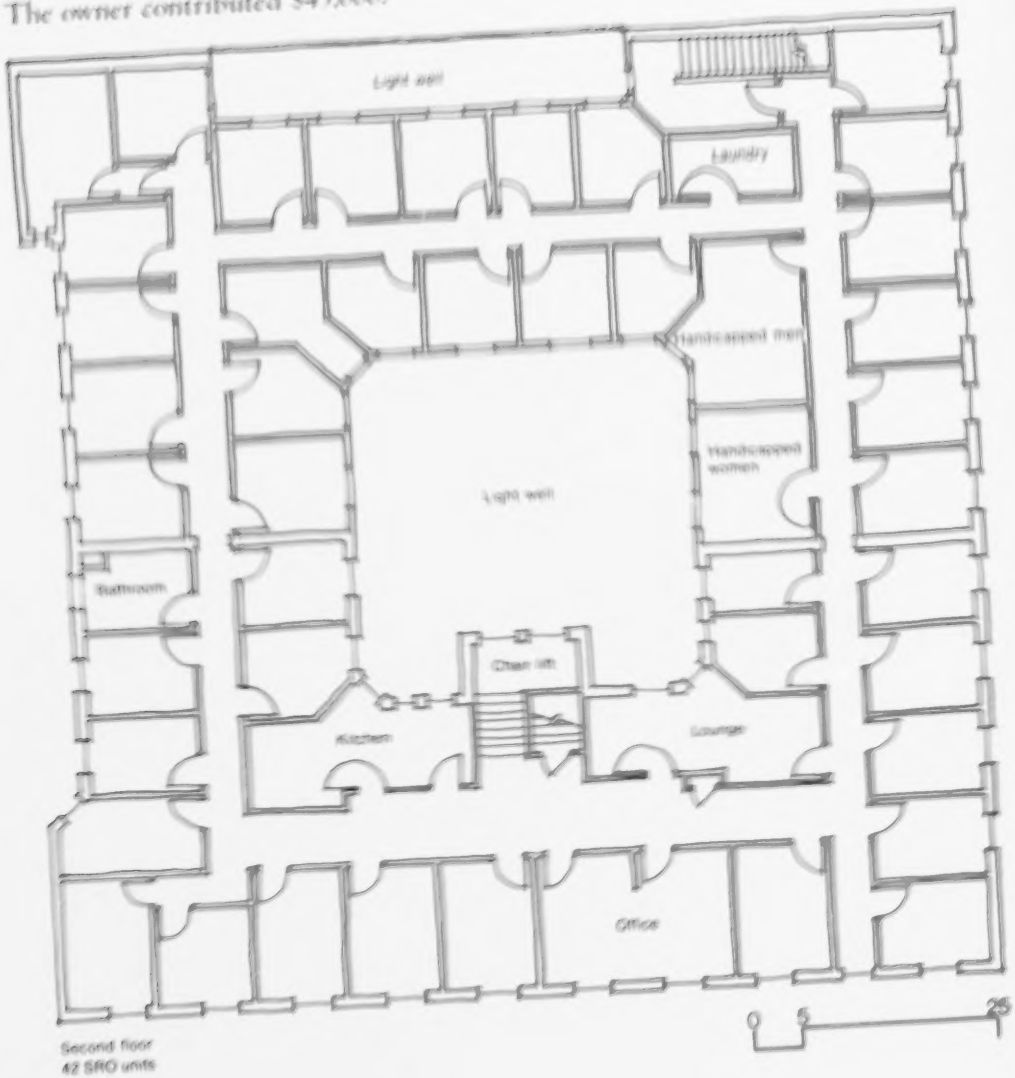
Located in a two-story former hotel in the "Old Town" section of Portland, all units in the Rich Hotel are on the second floor. The first floor is occupied by commercial establishments. Each room has a two-cubic-foot refrigerator for storage. Occupants share a "community" kitchen and lounge, as well as bathrooms. The renovation included surface refurbishment; new carpeting, sprinkler systems, plumbing and electrical services; and the creation of community kitchens and recreation areas.

The hotel serves men and women between the ages of 20 and 90. Many are long-term residents; many receive pensions, Social Security or disability payments; a few are chronically mentally ill; and there is a good ethnic mix. Many of the services needed by these residents are located within a four-block radius: a grocery store, job programs, clothing, free downtown bus service, restaurants, low-cost cafes, parks, social service providers.

The Rich Hotel is known for its "particularly good management," in the words of William Church, FAIA, the project's architect. *"There is a real sense of community, respect, and trust between manager and residents and among residents," which Church says is facilitated by the fact that all live on the same floor and therefore have more interaction.* "Management understands both housing and social service needs, and the difference between them," Church adds. The Rich Hotel's good reputation has helped promote a congenial relationship with neighbors in this somewhat gentrified neighborhood. There is also a substantial occupancy waiting list.

Each Rich Hotel resident pays $115 in monthly rent. This is about $10 to

$43 per month per occupant before operating costs. The balance is underwritten by Central City Concern and equals about $5,000 to $7,000 per year. The renovation cost (construction, planning/design, closing costs, and accruals) totaled $283,000. The project was funded by the U.S. Department of Housing and Urban Development (a $105,000 Self-Help Grant and a $133,000 HUD Section 312 Grant). The owner contributed $45,000.



Second floor
42 SRO units

PROJECT SIZE
Number of units: 42 rooms
Individual residential space: 100 square feet (average)
Total residential space: 4,200 square feet
Total shelter area: 8,200 square feet

REVENUES (FY 85/86)
Residential rent — $48,574
LIEAP rent — $6,500
Washing machine — $1,075
HCD offset — $1,740
TOTAL $57,889

COSTS
Salary and Benefits:
Director — $1,766
Management assistant — $775
Hotel manager — $9,261
Assistant to manager — $3,671
Benefits — $3,619
Subtotal — $19,092
Fixed operating:
Rent/lease — $5,850
Insurance — $552
Debt service — $16,656
Subtotal — $23,0578
Materials/services:
Electricity — $3,610
Gas — $6,610
Water/sewage — $1,254
Disposal — $680
Repairs/maintenance — $700
Repairs/maintenance HCD — $1,500
General supplies — $1,000
Pest control — $240
Telephone — $1,000
Travel — $93
Education — $279
Equipment rental — $400
Legal fees — $100
Personnel recruitment — $9
Miscellaneous — $500
Subtotal — $17,525
TOTAL $63,290

NET OPERATIONS ($7,401) (loss)

Rich Hotel
205 N.W. Couch
Portland, Ore.
Contact: Mary Burki
Central City Concern
222 N.W. Couch
Portland, Ore.
(503) 223-5322

Architect: William Church
600 S.W. 10th Avenue
Suite 444
Portland, Ore. 97205
(503) 295-0900

THE BARTH HOTEL
Denver, Colorado

Built in 1882, the Barth Hotel is Denver's oldest hotel. But what was once elegance had fallen into decay by the late 1970s. Financed by a variety of state, local, and federal funds, the building was renovated in the early 1980s; it is now home to 62 persons over the age of 55 or handicapped.

Ironically, the Barth Hotel was re-opened to meet the housing needs of senior citizens downtown who had been displaced due to the demolition of other SRO hotels. Run by the Ecumenical Housing Corporation, the Barth offers its residents "traditional hotel comforts and services at a moderate monthly cost." Rents range from $180 to $210 a month; the average cost of a meal is $1.50. Maid service, counseling referral, and amenities such as linens, pool tables, and game tables "provide a higher quality of life for the residents of the Barth than many have experienced for some time," says the Barth's director Barbara Chadwick.

Most of the residents live on fixed incomes of less than $400 a month. Eighty-five percent have chronic health problems—strokes, rheumatoid disorders, poor vision, auditory loss, alcoholism, or various forms and degrees of paralysis. Many of the individuals are in need of glasses, hearing aids, canes, or dental work, but have neither the income nor the personal resources to obtain them. The major sources of income are old-age assistance, Social Security, and disability insurance, with a small number receiving pensions.

Each of the 62 rooms has a telephone. A number of rooms have private baths, and each floor has several shared baths. There are laundry facilities.

Although meals can be purchased, there is also a community kitchen accessible to those who wish to buy and prepare their own food. Public transportation is a few blocks away, as is the downtown shopping district.

Of importance is respect for individual privacy. The residents have the freedom to determine their own eating, sleeping, and shopping schedules, but receive support and security from the staff, as necessary. "We have found," says Chadwick, "that the seniors who live at the Barth are much more frail than we expected, and consequently need more personal care."

To cover the renovation costs, the Ecumenical Housing Corporation used a variety of funding sources: a HUD Innovation Grant; tax exempt bonds; and contributions from local foundations. A partnership of syndicated investors was formed to use the historic preservation investment tax credit. The Barth's operating costs will be offset by rent from the 5,000-square-foot commerical space on the ground floor.

Service costs are met through donated and government surplus food for the meal program, as well as from a variety of nonprofit senior support providers.

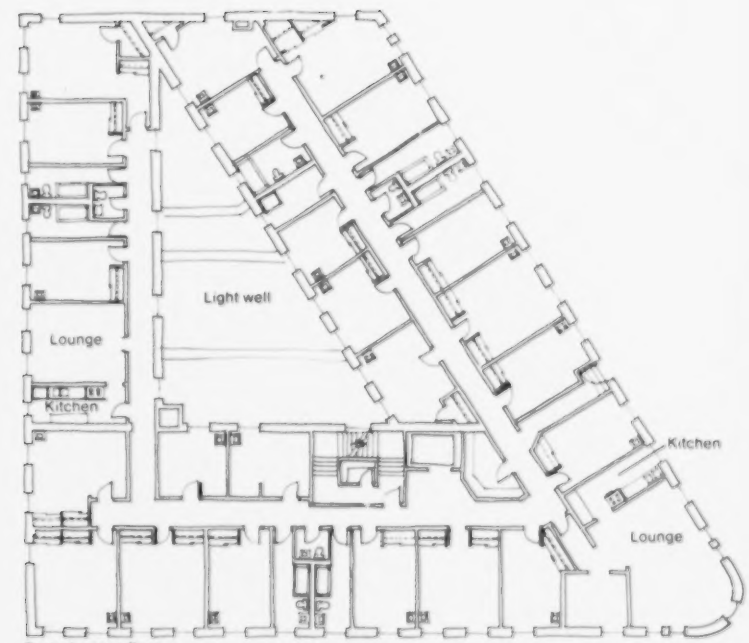
PROJECT SIZE
Number of units: 62
Individual residential space:
92 to 291 square feet
Total area: 29,000 square feet

COSTS
Capital: $2.2 million
Building operating cost: $284,000

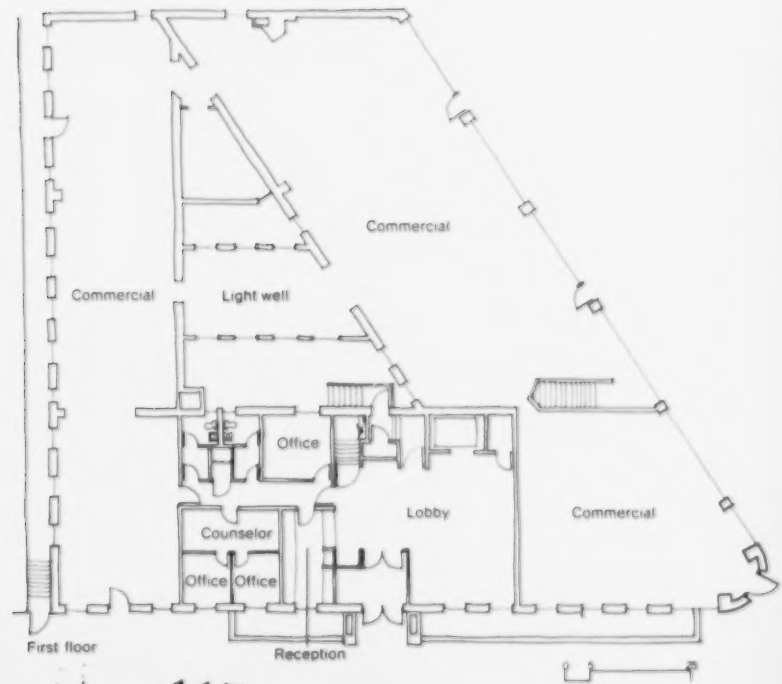
The Barth Hotel
1514 Seventeenth Street
Denver, Colo.
Contact: Barbara Chadwick
Ecumenical Housing Corporation
1331 Logan Street
Denver, Colo. 80203
(303) 839-5458

THE CECIL HOTEL

New York, New York



Typical upper floor
23 SRO units



First floor

During the last 10 years, over 100,000 SRO units have been lost in New York City to abandonment, arson, or conversion to higher priced housing. Many of the people displaced from these buildings are now priced out of the housing market. One group working to stem this tide is the Vera Institute of Justice, an organization that through a limited partnership is renovating the Cecil Hotel in Harlem to house 128 people in 89 single and double units. Initial rents will range from $190 to $250.

Built in 1895, the Cecil was used as a residential hotel until the mid-1970s when it was vacated. In the 1930s and 1940s, one of the most famous jazz clubs of that era was located on the ground floor—Minton's Playhouse, the birthplace of "bebop." The interior of the club is partially intact and will be restored. Based on the exceptional significance of Milton's Playhouse in the history of jazz in this country, the U.S. Department of the Interior has placed the Cecil Hotel on the Federal Register of Historic Places.

The 40,000-square-foot hotel (with an additional 7,300-square-foot cellar) has the configuration of a five-story triangle built around a courtyard. The top four floors will have 89 units; the manager's apartment will be on the fifth floor. Each floor will have two lounges, a kitchen, and shared bath facilities. Except for the creation of a lounge and additional baths, the existing interior partitions will be preserved to the greatest extent possible.

The ground floor will contain a lobby, manager's office, social service offices, and a 4,000-square-foot commercial space. The basement will have a staff lounge and locker area, storage, possibly additional commercial space, and the building's mechanical equipment.

The hotel will provide a front desk, furnished rooms, mail service, and security. An on-site social worker will be provided by the city to assist tenants with social service and other issues and referrals.

Layout, furnishings, and finishes of the private and public spaces will be "designed with the objective of maximizing the comfort, safety, and flexibility of use," according to Roberta Washington, the project's architect. The furnishings have been designed by Michael Mostoller, AIA, in connection with the Vera Institute of Justice and with a grant by the National Endowment for the Arts.

In general, the renovation will involve a substantial rehabilitation to include new plumbing, electrical, heating, and ventilation systems; a new elevator; repair and refinishing of all interior walls, floors, and ceilings; replacement of all windows and doors; repainting and waterproofing of exterior walls; and sidewalk repair. Total development costs—including acquisition, bricks and mortar, contruction interest and fees—will be $3.9 million.

The Cecil Hotel is located in a transitional neighborhood that lost a substantial amount of its housing stock to deterioration and abandonment during the last two decades. Now the pace of development activity has increased markedly with a number of residential and commercial projects underway. "It is hoped that the Cecil Hotel will play an important role in the growth of the area through the residential and commercial revitalization of a vacant building in a highly visible location and by providing much needed, quality housing to persons at the lower end of the income scale," Washington says.

Forming good community relations is important to the success of the Cecil, its developers believe. Therefore, the use of the ground floor commercial space will be determined with input from local, community-based organizations and will be based primarily on the need for neighborhood services and financial viability. The corner commercial space will be used for a laundromat, for residents as well as others in the community.

The renovation and subsequent success of the Cecil Hotel, as well as any other SRO hotels, will be based on several key components, according to Washington; a combination of public

and private funding; careful selection of the existing building for its adaptability to this use and potential for rehabilitation; a guaranteed rental income stream from the public welfare department; and careful screening of tenants and selection of management.

The Cecil Hotel is a property of the City of New York. It will be purchased from the city government by the Harlem Urban Development Corporation, which in turn will lease the property to a limited partnership of which Vera Housing Inc. will be general partner (Vera Housing Inc. was formed as a subsidiary of the Vera Institute for this purpose). The community sponsor will be St. Thomas Church. Acquisition and renovation costs will include a 1 percent, 30-year, $1 million loan from New York City; a 3 percent, 20-year, $350,000 Urban Development Action Grant; a 6 percent, 20-year, $300,000 loan from the Harlem Urban Development Corporation; an additional $750,000 loan from the Vera Institute; and investor equity. And since the building is listed on the National Register, Vera Housing Inc. qualifies for tax benefits for the rehabilitation of historic property provided by the 1981 Economic Recovery Tax Act.

PROJECT SIZE
Number of units: 90
Number of beds: 129
Gross area: 36,500 square feet plus a 7,300-square-foot cellar
Commercial space: 4,000 square feet

COSTS
Acquisition price: $25,000
Estimated construction cost: $3.6 million
Total development cost: $3.9 million

Cecil Hotel
206-210 West 118th Street
New York, N.Y.
Sponsor: Vera Housing, Inc.

Architect: Roberta Washington
123 West 126th Street
New York, N.Y. 10027
(212) 678-0045

HOUSING OPPORTUNITIES FOR WOMEN

Washington, D.C.

In many areas of the country, it is especially difficult for women in emergency shelters to find affordable, mid- or long-term housing. A nonprofit group in Washington, D.C., Housing Opportunities for Women (HOW), offers such housing to "provide the long-term stability essential to the healing process necessary to lead women toward a more normal life."

As a model of transitional housing for women, HOW used Abbey Place, a large row house in Northeast Washington. Opened in 1982, Abbey Place houses five formerly homeless women, who each pay $150 a month rent, and a house manager, who lives rent-free and receives a monthly stipend of $100. The rental income covers the basic carrying costs of the house. In addition, there is a reserve fund for repairs and unexpectedly high utility costs. Several of Abbey Place's residents have "graduated" to more independent living.

HOW purchased a row house on Eighth Street in Northeast Washington in 1985 from a nonprofit organization that acquires and rehabilitates housing to sell to people with low incomes. The price of the house was $67,000, and $47,000 of that had an assumable mortage at 9 ¾ percent interest. HOW received a zero-interest loan from the District government to cover downpayment and closing costs. After 10 years, if the house is still in its current use, the balance of that loan will be forgiven.

HOW opened the Eighth Street House in mid-August 1985 to five formerly homeless women and one house manager. The house operates in the same manner as Abbey Place, with the women paying nominal rent (ranging from $140 a month for a shared bedroom to $175 a month for a single room); the rent money is used to cover the mortgage, utilities, and other operating expenses. Because costs are higher than at Abbey Place, the HOW house incurs an annual deficit of several thousand dollars. Funds to cover the deficit will be raised by HOW.

HOW stresses three crucial needs for development of this type of housing: building availability; financial backing; and house management. Dwellings may be obtained from a number of sources: city-owned properties that can be conveyed to nonprofit operators at little or no cost; "gift houses" that owners would convey either as an outright gift or for relief of unpaid property taxes; properties conveyed to the operators or leased on a long-term basis from churches or other charitable institutions; or open market purchases. Financing can be through low-interest loans, grants, and fund-raising.

"A pool of competent resident managers is necessary to insure the continued viability of each house," HOW maintains. "It is important to define the manager's role as clearly as possible, and to recognize that these positions can be stressful and isolating. The organizations must give the managers emotional, social, and practical support."

Eighth Street House
PROJECT SIZE
Number of beds: 5 residents/1 manager
Individual residential space: 48 square feet
Total residential space: 300 square feet
Total shelter size: 1,124 square feet

COSTS, 7/85-1/86
Mortgage — $3,701
Electricity — $116
Gas — $356
Insurance — $600
Major repairs — $612
Telephone (equipment) — $37
Household items — $267
Manager stipend — $650
TOTAL $6,340

REVENUES, 7/85-1/86
Rents — $3,385
Interest — $3,392
TOTAL $3,392

Housing Opportunities for Women
1400 I Street N.W.
Washington, D.C. 20005
Contact: Elise Fischer
Acting Executive Director
(202) 842-1807

ST. PETER'S HOUSE
Philadelphia, Pennsylvania

Located in a Victorian house in Philadelphia's Germantown, St. Peter's House offers intergenerational shared housing for eight people — six of whom are over 60.

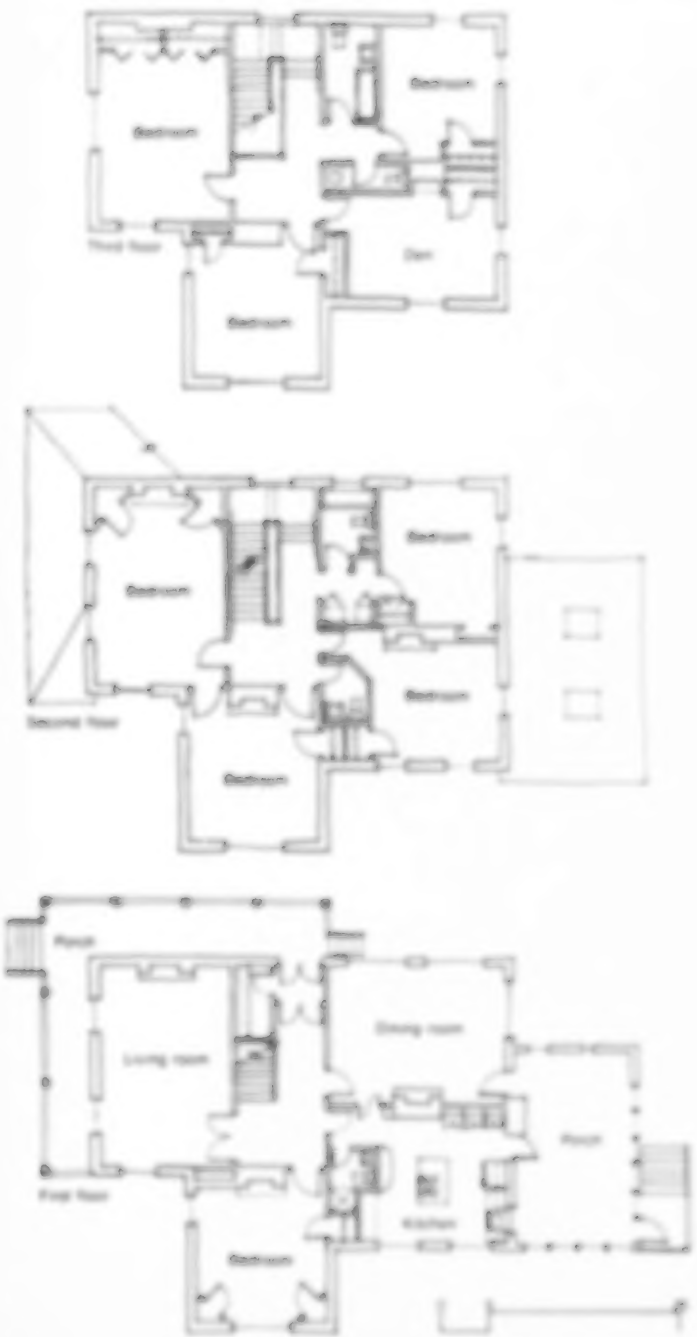
The renovated house was once the rectory of St. Peter's Episcopal Church. In 1983, St. Peter's approached the Shared Housing Resource Center about the possibility of developing the property for shared housing in conjunction with Rouse Urban Housing Inc. The project cost $132,614, with the Philadelphia Housing Development Corporation appropriating $58,657 in community development funds, the William Penn Foundation giving $50,000, and Rouse Urban Housing bringing in a private investor for the remaining $23,957.

The renovated house is located on a half-acre lot in west central Germantown. The living room, kitchen, dining room, bathroom, and one bedroom are on the first floor. Pleasant additional spaces are a large outdoor front porch that wraps around two of the living room's facades; a "double" kitchen, equipped with two sinks, stoves, and refrigerators; and an enclosed sun porch complete with skylights.

The second floor contains four bedrooms, one full bathroom, and one powder room. The third floor has three bedrooms, one full bathroom, one powder room, and a den.

Rents range from $185 to $195 a month, including utilities and communal telephones.

St. Peter's House exemplifies many of the qualities needed for successful shared living environments, according to Dennis Day-Lower, Dr. Sheree West, and Hugh Zimmers, FAIA, in their book *Designing Shared Housing for the Elderly: Social and Architectural Conditions*. Of primary importance for the success of shared housing facilities, they suggest, is "the opportunity for companionship while respecting individual privacy; close proximity to shopping, the library, and public transportation; a familiar, home-like design; a building that fits into the neighborhood in height, scale, and image; the need to



keep groups small—from four to 12 people; and a location in a safe neighborhood.

"Physical design relates to your assumptions about how independent residents will be," the authors suggest, "how much sharing among themselves is desired, and how much service support or social facilities will be supplied by outside people..... Design considerations should balance residents' access to each other and to common spaces, with defined boundaries that protect privacy and preserve personal expressions of value and taste..... For comparison, 425 square feet per person is usually allocated for an efficiency apartment. For a six-unit house, including additional circulation space, 2,800 to 3,000 square feet is liveable. Since residents will spend a considerable time in their bedrooms, and that is their sole private space, a substantial portion of the total should be allocated to the bedrooms."

St. Peter's House
Wayne and Harvey Streets
Philadelphia, Pa.

Cosponsors:
Shared Housing Resource Center
6344 Greene Street
Philadelphia, Pa. 19144
(215) 848-1220
Episcopal Community Services
Philadelphia, Pa.

Architect: Campbell Thomas & Co.
1934 South Street
Philadelphia, Pa. 19146
Contact: Bob Thomas
(215) 545-1076

120

RETARDED CITIZENS PROTOTYPE HOUSE

Montgomery County, Maryland

Designed for the Montgomery County Association of Retarded Citizens, this prototype house provides a non-institutional, home-like atmosphere for retarded adults who need minimal supervision yet are not able to live on their own. An essential requirement was that the house blend into the neighborhood, reflecting prevailing architectural styles and building scales. Three houses were ultimately built with only slight variations in the design.

The prototype house accommodates six residents and a counselor in a one-story building. Loosely shaped as a T, the bedroom wing is at the T's top—six single bedrooms and two shared bathrooms and a separate suite for the counselor consisting of a bedroom, study, and private bath. The stem of the T contains the foyer and powder room, the living room, family room, dining room, and kitchen.

The house is designed for handicapped residents in wheelchairs. The bedroom wing has six-foot-wide hallways, the bathrooms are designed for wheelchair access, and both the front and rear entrances are accessible.

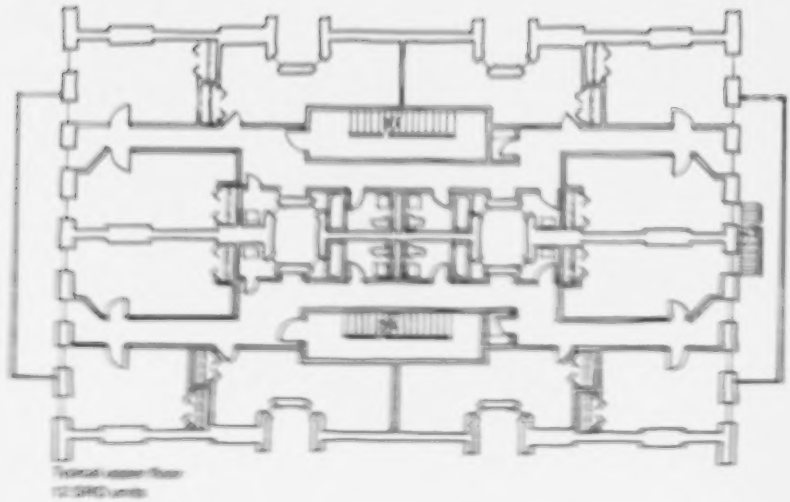
In developing each house, emphasis was placed on establishing a good relationship with neighborhood groups early in the planning process, as well as carefully choosing an appropriate site for each house. The construction cost of the Randolph Road house (seen in plan here) was $189,000.

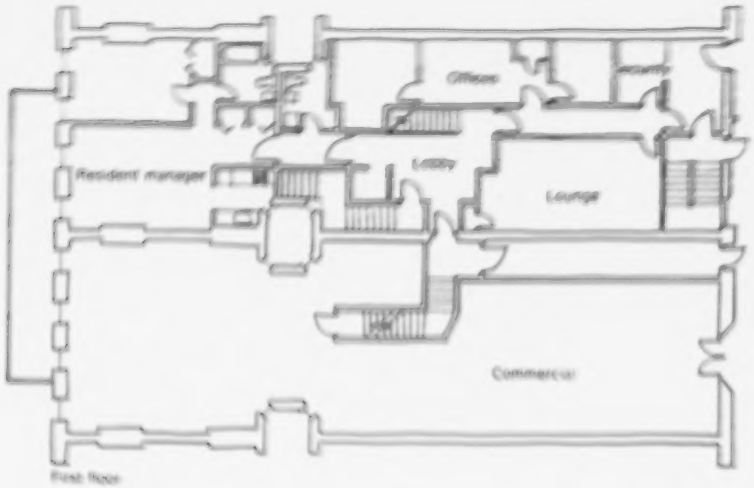
PROJECT SIZE
Gross living area: 3,636 square feet
Living area: 3,052 square feet
Basement: 1,391 square feet
Crawl space: 2,014 square feet

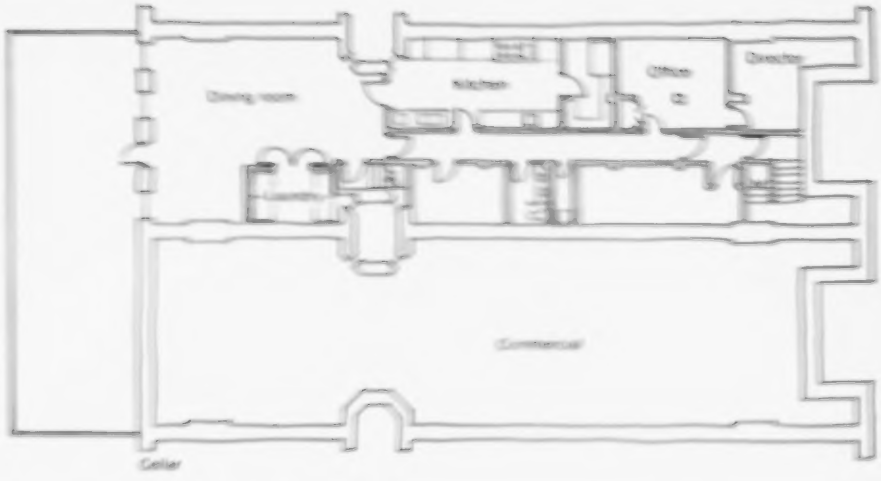
Prototype House for Retarded Citizens
1. 1150 E. Randolph Road
Silver Spring, Md.
2. 3600 Lawrence Ave.
Kensington, Md. 20895
3. 15209 New Hampshire Ave.
Silver Spring, Md. 20904
Sponsor: Montgomery County (Md.) Association of Retarded Citizens
11600 Nebel Street
Rockville, Md. 20852
Contact: Dottie Ryan
Director of Residential Services
(301) 984-9781

Architect: Collins & Kronstadt, Ltd/s. Hogan, Collins, Draper
1111 Spring Street
Silver Spring, Md. 20910
Contact: Don Hogan
(301) 587-8642

WESTSIDE CLUSTER
New York, New York







Two adjoining, abandoned buildings owned by New York City are to be renovated for permanent housing for mentally handicapped women. When completed in 1987, the Westside Cluster will have 48 single-room-occupancy units, plus a staff apartment. Half of the first floor space will be rented to the current tenant—a hardware store.

The SRO units will be on floors two through five, with one bathroom per three units. On half of the first floor will be the lounge, offices, the manager's apartment, and a security check point at the entrance. Another office, a kitchen, and a dining room that looks out onto a landscaped terrace will be in the cellar.

PROJECT SIZE
Total residential area: 7,792 square feet
Individual residential area (average): 162 square feet
Total area of common rooms: 2,279 square feet
Total square feet (including commercial space): 17,628

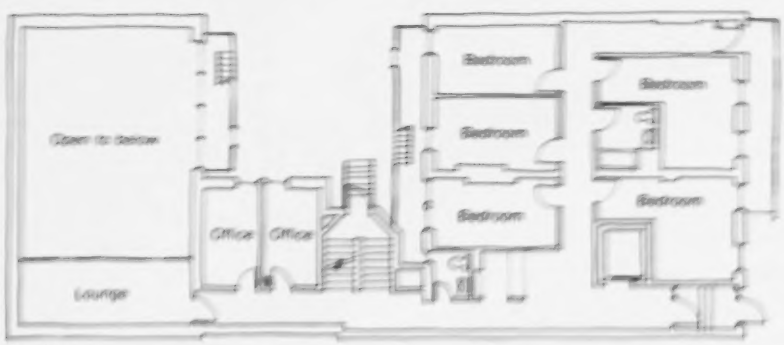
COSTS (projected)
Rehabilitation: $1,498,000
Operating budget: $152,000
Resident services budget: $284,000

Westside Cluster
932-934 Amsterdam Avenue
New York, N.Y.
Contact: Janice McGuire
Westside Cluster of Centers and Settlements, Inc.
(212) 865-6810

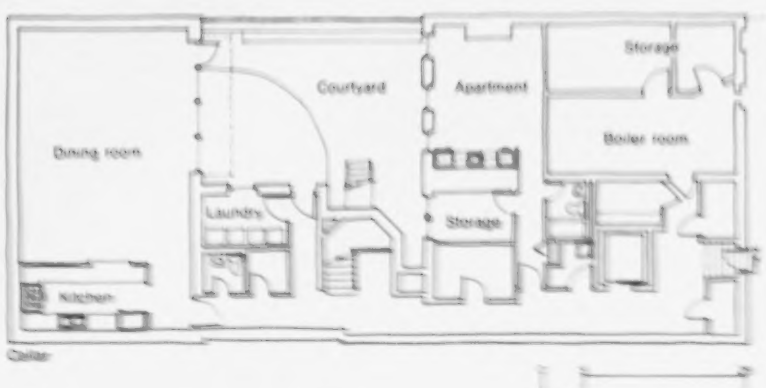
Architect: Conrad Levenson Architects and Planners
41 East 29th St.
New York, N.Y. 10016
(212) 889-5100

MORAVIAN HOUSE

New York, New York



First floor



Cellar

Located on East 18th Street in New York City, the Moravian will be run as a boarding house for elderly men and women who are currently homeless. A live-in couple, who will have a separate apartment, will provide meals; the residents will share the daily maintanence chores. In a design similar to that of a single-room-occupancy hotel, residents will have a single or double room; all other spaces will be shared—bathroom, dining and living rooms. Four rooms will be set aside for the physically handicapped. Rents will range from $200 a month for a single room to $227 a month for a double. The rent for a handicapped accessible room will be $214.

When completed in late 1986, the Moravian House will consist of three buildings brought together through a substantial renovation. The front section was originally two brownstones, dating from the late 1800s; the rear section was probably built around the same time. In 1931 the rear and the front buildings were partially connected; a small courtyard was created between the remainder of the two wings.

The design takes advantage of the cellar space—at the rear is the dining room and kitchen. The dining area is two-stories high; on the first floor over the kitchen is a balcony lounge that is open to the dining room. There will be two offices in the "link" between the front and rear sections. The outdoor space between the two wings will be transformed into a landspaced courtyard for the residents' use. There will also be a roof deck. In all there will be 21 single rooms and nine double rooms and one apartment for the live-in

couple. Bathrooms will be shared by five residents, and there will be an elevator adjacent to the front vestibule.

The Moravian House is sponsored by the First Moravian Church, which for 10 years has operated a daytime drop-in center for homeless men and women located in a storefront adjacent to the church (at Lexington Avenue and 30th Street in New York City).

The New York State Department of Social Services provided $500,000 toward the estimated $974,634 construction cost; the rest will be raised by the First Moravian Church. The cost of construction does not include the purchase of kitchen equipment or furniture, which will be donated. In the renovation the building will be completely gutted, due to layout changes and the building's deteriorated condition.

PROJECT SIZE
Residential area: 4,169 square feet
Floor area per resident:
120 square feet, single rooms
90 square feet, double rooms
Staff apartment: 368 square feet
Dining room: 600 square feet
Gross area: 12,406 square feet

COSTS
(Projected for first year of operation)
Water and sewer tax: $4,500
Fire, liability insurance: $6,300
Fuel: $10,560
Utilities: $12,672
Exterminating: $900
Elevator: $900
Laundry: $1,800
Repairs/maintenance: $2,500
Telephone services: $1,200
Legal and accounting: $6,000
Replacement reserves: $2,500
Capital reserves: $2,500
Miscellaneous: $3,357
Payroll:
House manager — $8,600
Cook — $8,600
Relief staff — $9,840
TOTAL $55,389

REVENUES
(Projected for first year)
$74,668

Moravian House
347 East 18th St.
New York, N.Y.
Sponsor: Moravian Open Door, Inc.
152 Lexington Ave.
New York, N.Y. 10016
Contact: Norman Butzow, President

Architect:
Pratt Institute Center for Community and Environmental Development
379 DeKalb Ave.
Steuben Hall
Brooklyn, N.Y. 11205
Contact: Cindy Harden, designer
(718) 636-3486

Peter Woll Architects
40 Dover Street
New York, N.Y. 10038
Contact: Chuck Brome, designer, project manager
(212) 604-9626

ST. FRANCIS RESIDENCES

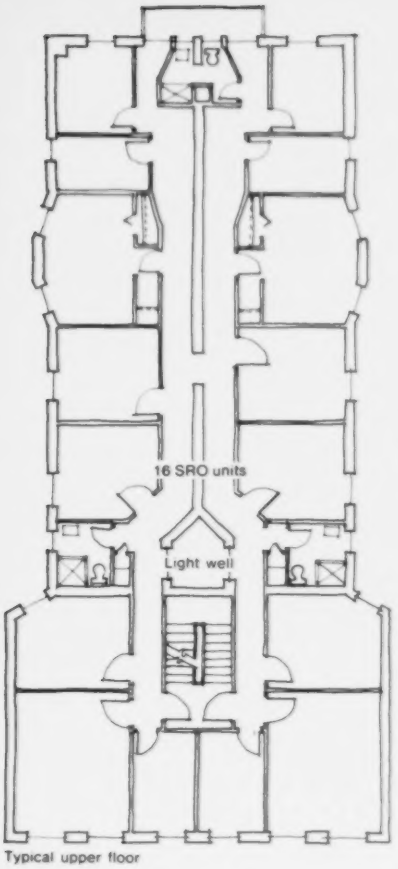
New York, New York

In 1980, St. Francis Friends of the Poor, Inc., opened its first residence in a renovated single-room-occupany hotel in New York City. Most of the residents of the original facility were chronically mentally ill and paid an average monthly rent of $165. Since then, a second residence has opened, charging an average of $185 a month, and a third will open later this year. As at St. Francis Residence I, the majority of the tenants are mentally ill.

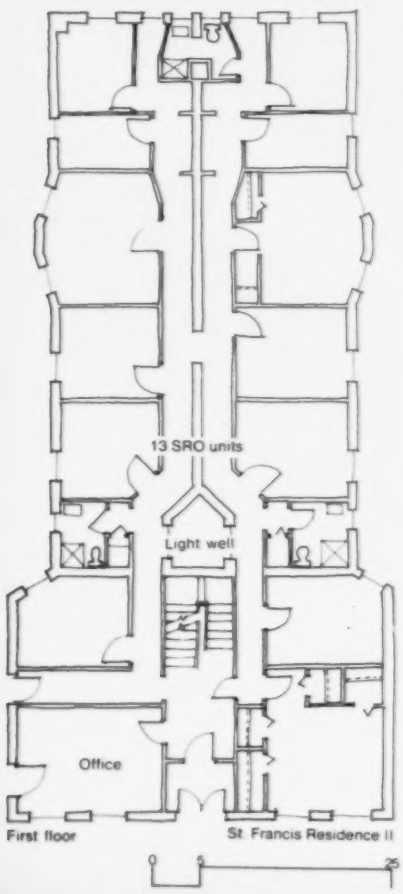
The renovations of these former SROs involve overall refurbishing, with emphasis on bringing the buildings up to current codes and standards. In each building, the bathrooms were gutted and redesigned, and new plumbing and modern kitchen facilities installed. Adequate storage spaces and recreational areas were added. The exits and fire prevention sprinkler systems were modified to meet fire code regulations. Finishes and surfaces were cleaned or replaced. But scarcely any space reorganization was required, since all three buildings were once used as SRO hotels and had the "proper ingredients" to meet St. Francis' needs.

The $900,000 renovation of St. Francis Residence I was entirely funded through contributions. St. Francis Residence II was developed using several sources: a loan from the New York City Department of Housing Preservation and Development for $349,000; a Special Needs Housing Act grant from New York City for $301,000; approximately $500,000 from various private foundations; and $650,000 from St. Francis Friends of the Poor, Inc., for a total of $1.6 million. Rents in each residence are to cover ordinary operating expenses.

The philosophy is to distinguish clearly between management of the buildings and the programmatic services provided on-site. Management is responsible for the collection of rents and the general operation of the buildings, including their cleanliness and safety. Programmatic services, which are at the heart of the life of the residences, operate independently, offering "whatever is neccesary to create a human and decent life for the tenants."



Typical upper floor



First floor

St. Francis Residence II

St. Francis Residence II:
PROJECT SIZE
Total floor area:
Basement — 5,235 square feet
Floors 1-5 — each 4,900 square feet
Total — 29,735 square feet
Residential area:
Floor 1 — 1,673 square feet
Floors 2-5 — 3,508 square feet each
Total — 15,705 square feet
Number of residents:
Floor 1 — 13
Floors 2-5 — 26 each
Total — 117
Floor area per resident:
Floor 1 — 128 square feet per resident
Floors 2-5 — 135 square feet
Average — 134 square feet per resident

St. Francis Residence III:
PROJECT SIZE
Total floor area:
Basement — 4,001 square feet
Floor 1 — 3,961 square feet
Floors 2-5 — 3,927 square feet each
Total: 23,670 square feet
Residential floor area:
Floor 1 — 162 square feet
Floor 2-5 — 2,838 square feet each
Total — 11,514 square feet
Number of residents:
Floor 1 — 2
Floor 2-5 — 20 each
Total — 82 residents
Floor area per resident:
Floor 1 — 81 square feet per resident
Floors 2-5 — 142 square feet each
Average — 140 square feet per resident

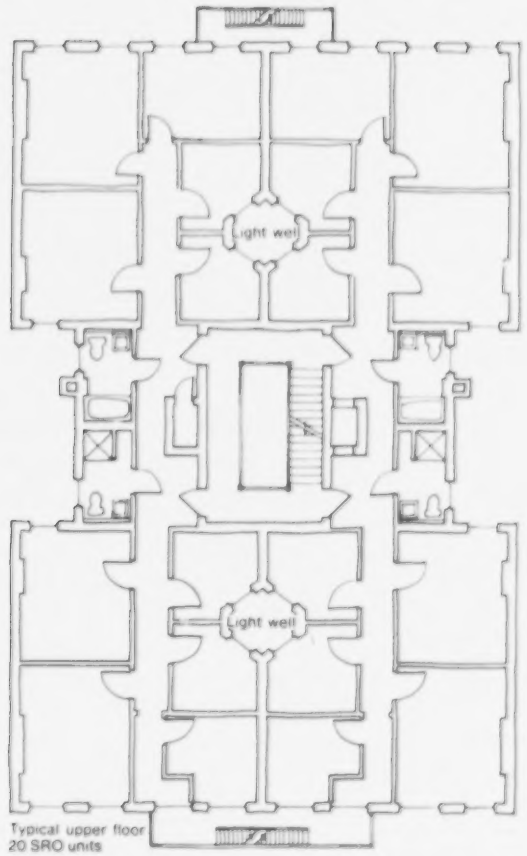
St. Francis Residence I
125 East 24th Street
New York, N.Y.

St. Francis Residence II
151 West 22nd Street
New York, N.Y.

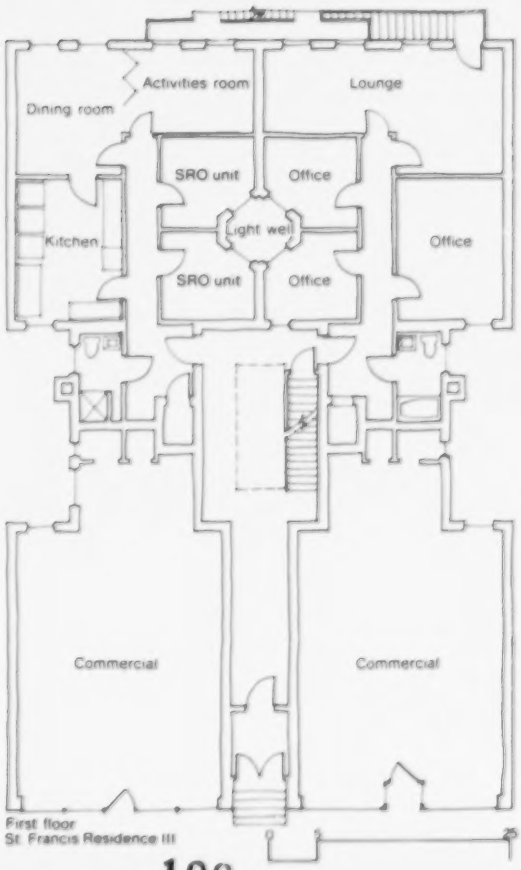
St. Francis Residence III
148 Eighth Avenue
New York, N.Y.

Contact: Fr. John M. Felice
St. Francis Church
135 West 31st Street
New York, N.Y. 10001
(212) 736-8500

Architect, Residences II and III
Robert D. Ascione
1841 Broadway
New York, N.Y. 10023
(212) 581-5222



Typical upper floor
20 SRO units



First floor
St. Francis Residence III

CASE STUDY INDEX

EMERGENCY SHELTERS

Baloney Joe's 70
Portland, Oregon

Broadview Emergency Shelter 66
Seattle, Washington

Brother Francis Shelter 67
Anchorage, Alaska

Burnside Projects Night Shelter . . . 71
Portland, Oregon

Central Arizona Shelter Services . . . 60
Phoenix, Arizona

Joseph's House and Shelter 69
Troy, New York

The New Samaritan House 56
Denver, Colorado

Pine Street Inn 62
Boston, Massachusetts

Powerello Center 64
Missoula, Montana

Union Rescue Mission Addition . . . 73
Los Angeles, California

TRANSITIONAL/SPECIAL NEEDS SHELTERS

Acoma Transitional Housing 102
Denver, Colorado

The Ark Interfaith Family Shelter 100
Oklahoma City, Oklahoma

Brooklyn Gardens 84
Brooklyn Heights, New York

Covenant House 79
New York, New York

The El Rey Apartments 86
Seattle, Washington

Elizabeth Stone House 88
Jamaica Plain, Massachusetts

Raintree House 96
New Orleans, Louisiana

Saint Vincent de Paul Center 76
San Diego, California

Transition House 82
Los Angeles, California

Union Street Fourplex 98
Seattle, Washington

Unity Inn, House of Ruth 92
Washington, D.C.

Women's Center and Shelter 90
Pittsburgh, Pennsylvania

Zafron House of Parenting Adolescents 94
Salamanca, New York

LONG-TERM HOUSING

The Barth Hotel 110
Denver, Colorado

The Cecil Hotel 112
New York, New York

The Florence Hotel 104
Los Angeles, California

Housing Opportunities for Women 115
Washington, D.C.

Moravian House 122
New York, New York

Retarded Citizens Prototype House 118
Montgomery County, Maryland

The Rich Hotel 107
Portland, Oregon

St. Francis Residences 124
New York, New York

St. Peter's House 116
Philadelphia, Pennsylvania

Westside Cluster 120
New York, New York

NOTES

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[4] *Ibid.*, p.8.

[5] Cuomo, p.9.

[6] *The Growth of Hunger, Homelessness and Poverty in America's Cities*. Washington, D.C.: The United States Conference of Mayors, January 1986, p.1-2, 20-24.

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[2] Cuomo, p.52.

[3] Bassuk, Ellen. "The Homelessness Problem." *Scientific American*, July 1984, p.43.

A SAFE HAVEN

[1] Cuomo, p.36.

[2] "The Federal Response to the Homeless Crisis: Hearings," p.970.

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[2] *Ibid.*, p.110.

[3] Lamb, p.160-161.

THE RIGHT TO SHELTER

[1] Cuomo, p.37.

[2] Lamb, p.1.

[3] Baxter and Hopper, p.123.

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[1] Bassuk, p.43-44.

CRUCIAL CHOICES

[1] Hombs and Snyder, p.56.

[2] Nenno, Mary K., and Cecil E. Sears. "Rental Housing in the 1980s." Washington, D.C.: The National Association of Housing and Redevelopment Officials, August 1985, p.1, 34.

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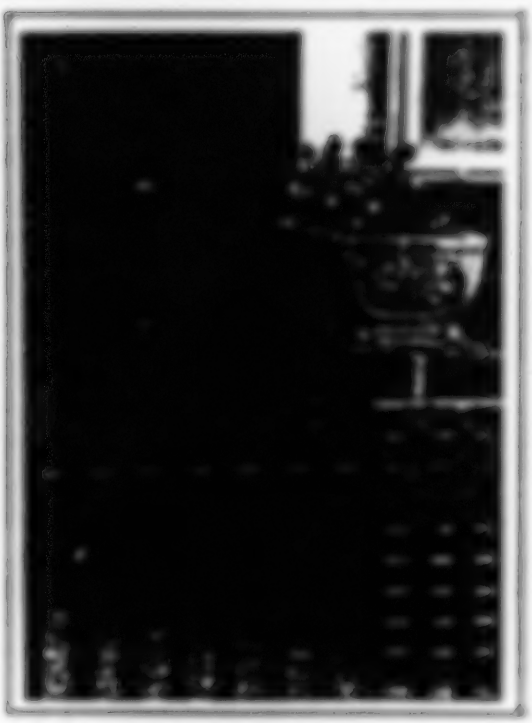

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